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Ontario

ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND
RELATED MATTERS.

Hearing held
8th floor
180 Dundas Street West
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

P.S.A. Lamek, Q.C.

E.A. Cronk

Thomas Millar

Commissioner

Counsel

Associate Counsel

Administrator

Transcript of evidence
for
February 8, 1984

VOLUME 100

OFFICIAL COURT REPORTERS

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100

BELL

X Kitley (amb)

Brown

Fraser

Hunt

Pearce



ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN
AND RELATED MATTERS.

Hearing held on the 8th Floor,
180 Dundas Street West, Toronto,
Ontario, on Wednesday, the 8th
day of February, 1984.

THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner
THOMAS MILLAR - Administrator
MURRAY R. ELLIOT - Registrar

APPEARANCES:

P.S.A. LAMEK, Q.C.)	Commission Counsel
E. CRONK)	
D. HUNT)	Counsel for the Attorney
L. CECCHETTO)	General and Solicitor General
	of Ontario (Crown Attorneys
	and Coroner's Office)
I.J. ROLAND)	Counsel for The Hospital for
M. THOMSON)	Sick Children
R. BATTY)	
B. PERCIVAL, Q.C.)	Counsel for The Metropolitan
D. YOUNG)	Toronto Police
W.N. ORTVED	Counsel for numerous Doctors
	at The Hospital for Sick
	Children
F. KITELY	Counsel for the Registered
	Nurses' Association of Ontario
	and 35 Registered Nurses at
	The Hospital for Sick Children
H. SOLOMON	Counsel for The Ontario
	Registered Nursing Assistants

(Cont'd)...



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APPEARANCES: (Continued)

D. BROWN	Counsel for Susan Nelles - Nurse
E. FORSTER	Counsel for Phyllis Trayner - Nurse
M. ROSENBERG	Counsel for Sui Scott - Nurse
J.A. OLAH	Counsel for Janet Brownless - R.N.A.
N. GOODMAN	Counsel for Mrs. M. Christie - R.N.A.
S. LABOW	Counsel for Mr. & Mrs. Gosselin, Mr. & Mrs. Gionas, Mr. & Mrs. Inwood, Mr. & Mrs. Turner, Mr. & Mrs. Lutes, and Mr. & Mrs. Murphy (parents of deceased children)
F.J. SHANAHAN	Counsel for Mr. & Mrs. Dominic Lombardo (parents of deceased child Stephanie Lombardo); and Heather Dawson (mother of Amber Dawson)
W.W. TOBIAS	Counsel for Mr. & Mrs. Hines (parents of deceased child Jordan Hines)

VOLUME 100



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A/DM/ak

1
2 --- Upon commencing at 10:00 a.m.

3 BERTHA BELL, Resumed

4 THE COMMISSIONER: Yes, Mr. Lamek.

5 MR. LAMEK: Mr. Commissioner,
6 Miss Kitley has kindly agreed to let me make an
7 important announcement before she continues her
8 examination and then I will retire from this place.

9 I think it is appropriate to welcome
10 the world to the 100th day of evidence of this
11 Commission, it is not an occasion that should go
12 unnoticed and unremarked.

13 THE COMMISSIONER: Let us at least
14 hope we don't duplicate it.

15 MR. LAMEK: Indeed.

16 THE COMMISSIONER: I may say
17 Mississauga only got to 99, but somebody apparently
18 noticed it was 99 and about half way through the
19 argument we had another day of evidence to bring it
20 up to 100; starting tomorrow it will a new all time
21 record.

22 MR. LAMEK: We are not going to
23 take that chance here, sir.

24 THE COMMISSIONER: Good. Yes,
25 Miss Kitley.

MS. KITELY: Thank you, sir. May



1
2 I first offer, sir, a copy of the front cover of
3 the Canadian Heart Foundation and the page to which
4 I made reference yesterday.

5 THE COMMISSIONER: Yes.

6 MS. KITELY: I showed the witness
7 a copy of that page and she has admitted to make
8 that an exhibit and I would offer that as the next
9 exhibit.

10 THE COMMISSIONER: Yes. It is the
11 Heart Foundation, is that 347, was it? Did we
12 get copies - I take it we got copies of the one
13 that you --

14 MS. KITELY: The Resuscitation
15 Manual, yes, copies have been made available, sir.

16 THE COMMISSIONER: Yes, thank you.

17 ---EXHIBIT NO. 347: Canadian Heart Foundation,
18 page 6, (photostatic copy).

19 EXAMINATION BY MS. KITELY:

20 Q. I have one question, Mrs. Bell.
21 When the deaths were occurring on the ward as
22 between your team and Phyllis Trayner's team, what
23 did you consider?

24 A. When the deaths were occurring
25 we considered that there was an increase of deaths



1
2 on our shift. We saw it as a stress for everyone,
3 especially the people that were directly looking
4 after the child, but it was seen as a high stress
5 for the whole shift, like we didn't differentiate
6 between whether it was Phyllis' team or my team,
7 it was seen as it was occurring on our rotation.

8 Q. And so the list that Miss Cronk
9 went through with you has the babies identified
10 as being a 4A baby or a 4B baby.

11 A. Yes.

12 Q. In your mind when these were
13 happening were you thinking this is a baby on my
14 ward, or is this a baby on Phyllis' ward?

15 A. No. We viewed it as a child
16 had an arrest and we were involved, and that the
17 child had died on our shift. So, no, we didn't see
18 it as your baby dying, or it was my baby, no, it
19 was seen as a child that had run into problems on
20 our shift and it was dealt with by all of us.

21 MS. KITELY: Thank you, Mrs. Bell.
22 Those are the questions I have at this time, sir.

23 THE COMMISSIONER: Yes. Well, now
24 you understand of course, Miss Kitely, you will
25 come back, but it is re-examination based upon what
has arisen.



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MS. KITELY: I understand, sir.

3

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THE COMMISSIONER: I just don't
want you coming up with something new because I will
have to go through everybody all over again.

5

6

MS. KITELY: I understand, sir.

7

THE COMMISSIONER: All right.

8

Thank you. Yes, Mr. Brown.

9

CROSS-EXAMINATION BY MR. BROWN:

10

11

12

Q. Mrs. Bell, my name is Brown
and I represent Miss Nelles. I understand that
you started to work at the Hospital for Sick Children
around November of 1978?

13

14

A. That is right.

15

16

Q. And would I be correct in
saying that you first met Ms. Nelles in March of
1980, or was it at some other time?

17

18

A. Just when she started to work,
whether it was that date I am not sure.

19

20

Q. When she started to work on
the cardiology service?

21

22

A. Yes.

23

Q. So that may well have been
the fall of 1979?

24

25

A. If that is when she started
to work on 5A, yes.



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Q. And do you recall when you were up on the fifth floor whether you had an opportunity to work with Miss Nelles?

A. On 5A I could have occasionally worked with her but we didn't work on the same team usually.

Q. Would you have worked on the same shift on any occasion?

A. We could have.

Q. And at that period of time before being moved to the fourth floor, did you socialize at all with Miss Nelles?

A. No, I didn't.

Q. After the move to 4A and 4B am I correct in saying that your team frequently worked opposite Phyllis Trayner's team?

A. We worked the same rotation, yes.

Q. And indeed if you were to work opposite any one team, the vast majority of times it would be opposite Mrs. Trayner's team?

A. We worked together, yes.

Q. So during that period of time I take it that you had an opportunity to observe Ms. Nelles caring for children?



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2

A. Yes, I did.

3

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Q. At any occasion while you were down on the fourth floor did Miss Nelles ever work under your direct supervision?

6

7

A. She could have but I am not sure.

8

9

Q. And during that period of time did you socialize to any extent with her?

10

11

A. We did, yes.

Q. Both at the Hospital and away from the Hospital?

12

A. Yes.

13

14

15

16

Q. In view of the period of time that you spent working with or opposite Miss Nelles, could you please tell me what opinion you formed of quality of nursing care that she gave to children?

17

18

19

A. I felt she gave good competent nursing care, she had good nursing judgment, she reacted quite well to different situations.

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Q. How did she react under stressful situations, such as an arrest?

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A. She reacts fairly calmly, she knows what to do, she proceeds in a professional manner.



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Q. And during that period of time you have said that you got to socialize with her a bit, what were her relations like with other nurses on that ward, was she a loner?

A. No, she wasn't a loner.

Q. Was she outgoing?

A. She was fairly outgoing, yes.

Q. From your perception --

THE COMMISSIONER: I am sorry, what was that?

THE WITNESS: She was outgoing.

THE COMMISSIONER: Yes, thank you.

MR. BROWN: Q. Was she cheerful?

A. Yes.

Q. Moody?

A. No.

Q. Fairly even keeled?

A. Yes.

Q. And did she appear to have a number of friends amongst the nurses on the ward?

A. I believe she did, yes.

Q. Miss Cronk covered with you in some detail the work schedule you would perform on a routine basis as a team leader, and I think her emphasis was on the long night shifts. If I



1
2 might simply ask you, on occasion you had opportunity
3 to work as a team leader during the long day shift,
4 did you not?

5 A. During long days? Yes.

6 Q. And what time would that shift
7 start?

8 A. Long days?

9 Q. That's correct.

10 A. At 7:15 in the morning and
11 it generally went to 7:45 or 8:00 p.m. at night.

12 Q. And when you first came in
13 I take it that you had a report from the previous
14 shift?

15 A. That is correct.

16 Q. And as team leader how long
17 would that report normally be?

18 A. Depending on the number of
19 patients it could take anywhere from 20 to 40
20 minutes.

21 Q. So somewhere between 7:30
22 and quarter to 8:00 you may well have finished the
23 morning report?

24 A. Yes.

25 Q. Then the ~~next~~ thing you did, if I
recall, was do the narcotic count, is that correct?



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A. We could the narcotic count after the report and sometimes we did it before the report.

Q. After the report generally what would you have done, as a team leader?

A. I would have looked at the assignment and - well, during the week I would not have done that, but during the weekend I would have just sort of checked the patient assignments and see if everyone was covered adequately, and then afterwards I would make rounds on the children.

Q. As a matter of course when you came on as a team leader on the long day, how long would it take you to complete your administrative duties?

A. On the long day?

Q. On the long day when you first came in.

A. Well generally the surgical residents would come to the ward and I would make rounds with them. Then right after the surgical residents made rounds, the medical staff side would make rounds as well so I would be on rounds for quite a while depending on how we progressed with each child.



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Q. Would you as a matter of course -
you would be occupied on rounds until 8:30 or
9 o'clock?

A. At least.

Q. At least until 9:00?

A. Yes.

Q. After you finished your
medical rounds, if you were assigned to care for
a particular patient would you then attend to the
needs of that patient?

A. It was very rare that I would
have a patient assigned to a team leader on days,
because it would be very difficult for me to attend
to that patient having to make rounds, et cetera.

Q. Because of your preoccupation
with administration duties?

A. Yes.

MR. BROWN: Mr. Registrar, perhaps
you could show Mrs. Bell the medical record for
Janice Estrella.

Q. If I can ask you please,
Mrs. Bell, to turn to page 126 of that record.

A. Yes, I have it.

Q. Miss Cronk reviewed this with
you in some detail yesterday and I don't intend to
go over all of the same ground.



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However, there is a notation there regarding the IV. I understand that you did not write that, so, I am simply asking for your impressions as a nurse. It says "IV interstitial at 1645". Now, when a nurse notes that an IV has gone interstitial, what does the nurse do?

A. She removes the IV needle.

Q. She removes the needle from the child?

A. That's right.

Q. So, when the IV is noted as being interstitial there is a discontinuance then of the flow of fluids into the child?

A. Yes, there is.

Q. And I understand from your testimony that as a matter of course a registered nurse on 4A/4B was not authorized to restart the IV, is that correct?

A. That is correct.

Q. And during the day if it had to be restarted an IV team would be called?

A. The IV team usually works from about 8:30 in the morning until 11, 11:30 that night.

Q. And after 11:30 I recall you said that it would be the resident who would then



B.2

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attend to restart the IV?

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A. That's correct.

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Q. It would not be a registered nurse?

5

A. No.

6

Q. So, if one was to look at a

7

medical record and note that as in this case the IV

8

had gone interstitial it would then be safe to assume

that the IV had been removed from the child?

9

A. Yes, it would.

10

Q. The next word I take it is an

11

abbreviation for discontinued then at that time?

12

A. Yes, that's right.

13

Q. Does the word "discontinued"

then have a particular connotation?

14

A. Just that the IV was removed

15

and the fluid was no longer being infused into the

16

patient.

17

Q. The next word in that phrase

18

is "restarted".

19

THE COMMISSIONER: Well, I'm sorry,

20

if it went interstitial it wouldn't be going into

the veins of that child.

21

THE WITNESS: If it is interstitial

22

you could be having just a small amount because the

23

needle could be sitting in the vein.

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THE COMMISSIONER: I see, all right.

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MR. BROWN: Q So, from what you are saying the word "interstitial" does not necessarily mean that the IV was pulled out?

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A That's right. Interstitial describes that the needle, that the fluid is actually seeping out of the vein and you could have a swelling or a redness, some kind of irritation there. Actually, the swelling could be quite large.

10

11

Q Well, as a matter of course if that was noticed would the IV needle be taken out?

12

13

14

A Yes, because the patient isn't getting the fluid that they should be getting or if it would be the medication they wouldn't be getting the medication.

15

16

17

Q Would there be any cases in which the IV needle would be left in when it was noticed to be interstitial?

18

19

20

A No, there wouldn't because you wouldn't be getting an accurate amount of fluid or medication into the patient.

21

22

Q So, the words "discontinued at that time" would simply reinforce the fact that it was interstitial and the needle removed?

23

24

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A Yes.



B.4

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Q. There is then a notation that

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it was restarted at 1800 hours. Now, from what you

4

have said, would it be a matter of course that the

5

IV team would have started an IV at 1800 hours?

6

A. Yes, that's right.

7

Q. And there is a further notation

8

"However went interstitial again".

9

A. Right.

10

Q. On reading that would it be the

11

general practice that the needle would have been

12

removed?

13

A. Yes, it would.

14

Q. And there would be no flow of

15

fluid into the child?

16

A. That's correct.

17

Q. Now, a registered nurse reading

18

that note, would it be common knowledge as to what

19

interstitial meant?

20

A. To a nurse?

21

Q. To a nurse.

22

A. Yes, yes definitely.

23

Q. And it would be your view that

24

other nurses would think interstitial meant the IV

25

needle was taken out?

A. That was the only word that we



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used for that, yes.

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Q. And it was commonly accepted?

4

A. Yes, by everyone.

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Q. Yesterday Miss Cronk reviewed with you your recollection of the events surrounding the arrest and death of Justin Cook. She referred you to notes that you made I believe after your meeting with the police on Thursday. Do you have a copy of those notes with you?

10

A. Yes, I do.

11

12

13

14

Q. Miss Cronk referred you in particular to a notation about two-thirds of the way down the page - I'm sorry, it is Exhibit 345, to a notation about two-thirds of the way down the page:

15

"Lunch at 0200 (arrow) watched TV for about half an hour."

16

17

18

19

And you explained to Miss Cronk what that meant and it was your recollection am I correct that when you went in to watch TV Susan Nelles was on constant nursing care and caring for the child Cook?

20

A. That's correct.

21

22

Q. Can you recall whether at that time Miss Nelles had advised you she had just returned from a break?

23

A. No, I can't recall.

24

25



B.6

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Q Can you recall whether she
advised you she was just about to go on a break?

4

A. No.

5

Q You don't have the recollection
one way or the other?

6

A. No, I don't.

7

8

Q After the death of Allana Miller
did you see Miss Nelles?

9

THE COMMISSIONER: You mean that night,
I take it?

10

11

MR. BROWN: Q After the child had
arrested and been pronounced dead, did you see Miss
Nelles?

12

13

A. Yes, I did.

14

15

Q And were you involved in
cleaning up the room with Miss Nelles?

16

A. To some extent, yes.

17

18

Q Can you recall at that time
what Miss Nelles' emotional state was?

19

20

21

A. Well, she was very upset. She
had had a very busy night and she was concerned that
Allana Miller had died, very concerned, she was
crying.

22

23

Q Did Miss Nelles cry as a matter
of course after the death of a child?

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A. Perhaps not right after but I have seen her on other occasions cry, yes.

Q. And after the death of the child ---

THE COMMISSIONER: I wonder if I could just interrupt here, I am somewhat confused.

I take it that Miss Nelles was not on constant care of Justin Cook at that time, or was she?

THE WITNESS: No, I don't think she was, no.

THE COMMISSIONER: She had started though to care at least of Cook?

THE WITNESS: She took care, she had admitted him.

THE COMMISSIONER: I'm sure we've had that and it may be just that the order was made because I remember reading the doctor's note in the book.

MR. BROWN: I don't believe the baby Cook was on constant nursing care at that time.

THE COMMISSIONER: No. No, all right, thank you.

MR. BROWN: Q. But Miss Nelles as you recall was present at the arrest of Allana Miller?

A. Yes, she was.



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Q. And she was present in the
child's room after the death?

4

A. Yes, she was.

5

THE COMMISSIONER: Excuse me just a
moment.

6

7

MS. CRONK: I'm sorry, just to assist
you, sir. The doctor's order for constant care
appears to have been made on the 21st.

8

9

THE COMMISSIONER: What time?

10

MS. CRONK: At 1830 hours.

11

THE COMMISSIONER: Yes, and Allana Miller
died in the morning of the ...

12

13

MS. CRONK: The 21st.

14

15

MR. BROWN: Q. I believe you told
Miss Cronk yesterday that you were present during the
arrest of Justin Cook?

16

A. That's right.

17

18

Q. And Miss Nelles was present at
that time also?

19

A. Yes.

20

21

Q. Did you observe Miss Nelles
after the child was pronounced dead?

22

A. Yes, I did.

23

Q. And can you recall what her
emotional state was at that time?

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A. There was great frustration and again she was very upset and I believe she cried again.

Q. You first learned of the arrest of Miss Nelles on Wednesday, March 25th in the afternoon?

A. Yes, that's right.

Q. And you are firm in your recollection that prior to that time you had no knowledge of an ongoing police investigation in the Hospital?

A. That's right.

Q. And you had no prior knowledge that the police intended to arrest Miss Nelles?

A. That's correct.

Q. Prior to being informed of Miss Nelles' arrest, you were not interviewed by the police?

A. No, I wasn't.

Q. There was no contact whatsoever from the police to you?

A. No.

Q. And there was no contact from the Hospital to you asking you to go and see the police?

A. No, not before her arrest, no.



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Q. Before her arrest, do you know whether any other member of your team had been arrested by the -- had been interviewed by the Metropolitan Toronto Police?

A. Before her arrest, no.

MS. CRONK: I'm sorry, sir. "No", doesn't know or "no" they were not?

THE WITNESS: No, I wasn't contacted by anyone in the Hospital or the police.

MR. YOUNG: Mr. Commissioner, before the witness answers. We have heard that we are not going to accept hearsay evidence with respect to certain individuals. I think the Police Force should be put in the same position and I don't want to know about what this witness may have heard from someone else about an interview that did or did not occur, I don't think that is a reasonable question under the circumstances.

MS. CRONK: Sir, with all due respect to my friend, it is clearly in my submission a proper question. If Ms. Bell knows from her personal knowledge whether other members of her team were or were not interviewed by the Metropolitan Toronto Police before Ms. Nelles' arrest, I submit that that information should be before you. I just was unclear



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as to what her answer meant and the answer has
already been given.

3

4

THE COMMISSIONER: Yes. Well, I take
it that the answer does mean that you were not told
by any of your ...

5

6

THE WITNESS: Colleagues, no.

7

8

THE COMMISSIONER: Yes. Well, that is
what Mr. Young is objecting to but Mr. Young, I don't
think I can concede to that at this point. I am
though a little trained in the law.

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MR. YOUNG: No doubt about that.

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THE COMMISSIONER: -- and people have attempted to train me, I had better put it that way, and I know there is a distinction and weight to be put. That is the purpose of the hearsay rule.

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No, the main reason for the other is that where someone is going to make a statement directly affecting, let's say - I don't want to use the word "complicity", but association with the death, then I want that to be direct. I don't want to have what somebody has said unless, of course, it might come out in the form of cross-examination as to why didn't you say this before. That sort of thing is perfectly all right.

16

17

18

19

But if I were to give complete recognition to the hearsay principle we would have so many witnesses here that Mr. Lamek's recent promise of just 100 days or something less than 200 would perforce be out the window.

20

21

22

MR. YOUNG: Mr. Commissioner, I am not suggesting we should call every member of the team.

23

24

25

THE COMMISSIONER: No.

MR. YOUNG: But on the other hand



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2
3 I have some problems with asking this witness what
4 other members of her team did.

5 THE COMMISSIONER: Yes, but you know,
6 you know from your clients whether there were indeed
7 interviews.

8 MR. YOUNG: Oh, yes.

9 THE COMMISSIONER: You can put those
10 questions to her. So you won't be --

11 MR. YOUNG: I am not overly concerned
12 about this question at this time. I simply rise to
13 let you know that I do have some concern with
14 respect to general questions about the police
15 activity through these witnesses.

16 THE COMMISSIONER: Yes.

17 MR. YOUNG: And if indeed that is
18 going to border on hearsay.

19 THE COMMISSIONER: If in fact there
20 was an interview with one of the members of the
21 team you are readily able to prove it. So I am not
22 as concerned with that.

23 There is not as much prejudice as
24 there would be. And certainly if you had a policeman
25 who got in the box and said I interviewed a member
of Mrs. Bell's team and the fact that this answer
has been given would have no effect on me at all.



1
2 I would believe your policeman unless he were dis-
3 credited in some way.

4 Now with all of that I think the
5 answer was that none of your team or that you had
6 not heard of any of your team being interviewed?

7 THE WITNESS: That is right.

8 THE COMMISSIONER: Had you heard
9 that they had not been interviewed?

10 THE WITNESS: I had not heard any-
11 thing either way.

12 THE COMMISSIONER: All right. Thank
13 you.

14 MR. BROWN: Q. Miss Cronk reviewed
15 with you in some detail what transpired at the three
16 meetings you had with representatives of the
17 Metropolitan Toronto Police before you testified at
18 the preliminary inquiry. I don't intend to cover
19 the same ground.

20 However, at the first meeting on
21 Thursday, March 26th, the discussion centred around
22 the child Justin Cook, did it not?

23 A. Yes, that is correct.

24 Q. I believe Miss Cronk asked
25 you whether there was any discussion about constant
nursing care, and am I correct in saying that you



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did not recall such a discussion?

3

A. Yes, that is correct.

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Q. At that meeting was there any discussion whatsoever about the procedure for one nurse relieving another nurse who was assigned to care for a child?

8

A. There was no discussion about that, no.

9

10

Q. At any of the two subsequent meetings do you recall any such discussion?

11

A. No, I don't.

12

13

14

Q. At the meeting on Thursday do you recall any questions being asked of you about Miss Nelles' competence as a nurse?

15

A. No, I don't think so, no.

16

Q. Were you asked any questions about her character or conduct on the ward?

17

A. No.

18

19

Q. At any of the two subsequent meetings were you asked such questions?

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A. No.

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Q. Perhaps you can tell me how did these interviews proceed? Were you asked specific questions by the police and respond to those questions?



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A. The only specific questions I was asked, and it was different on each child, was with reference to whether I had seen Susan give digoxin or whether I had given digoxin or I believe whether anybody - I had seen anybody else give digoxin.

8

9

Q. Well, do you recall when you first went into the interview how did the discussion open?

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A. Basically on what I recalled from the night that Justin Cook died or whatever child they were speaking about, basically from the beginning of the shift to the time of the arrest or a short time after I guess to the end of the shift.

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17

Q. Were you then asked a general question at the beginning what your recollection was about the events on a particular day with respect to a child?

18

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A. Yes. It was just a general type question and I just carried on. What came to mind I discussed, you know, I told them.

21

22

Q. You did not have the medical records by your side, though?

23

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25

A. No, I wasn't looking at them, no. They could have been in the room but I didn't



1
2 see them.

3 Q. Do you recall specific questions
4 asked of you by the police in respect of any child?

5 A. Just the ones I have just said
6 with reference to whether I had seen Susan or myself,
7 had we given digoxin to those children.

8 Q. Well, did the interview then
9 start with a general question as to your recollection?
10 The police allowed you to proceed through your
11 narration and then at the end they would ask you
12 those specific questions? Is that what transpired?

13 A. Yes.

14 Q. Did they interject throughout
15 your narration and ask particular questions?

16 A. No, I don't believe they did,
17 no.

18 Q. Do you recall whether they
19 asked you to clarify particular points?

20 A. No.

21 Q. Did they ever refer you to any
22 documents?

23 A. No.

24 Q. Did they ever show you any
25 charts affixed to walls?

A. Not at the first three, no.



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Q. Not at any meeting prior to
the discharge of Miss Nelles?

4

A. That is right.

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Q. You had a second interview
April 24, 1981, and I recall you saying that that
was in connection with a child Allana Miller?

8

A. That is correct.

9

10

Q. And it is your recollection
that at that time you asked, was it Constable Murray?

11

A. Yes.

12

Q. Whether they were investigating
other suspects or other persons?

13

A. Yes.

14

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16

Q. And I was unclear: is it your
recollection it was at that meeting you raised
Janice Estrella and the fact that Susan Nelles was
not present for the death of that child?

17

18

A. I am not sure if it was that
meeting or not.

19

20

21

Q. But you recall that it was
at that second meeting that the police said you would
be surprised at the evidence we have?

22

A. Yes, it was.

23

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Q. And then the third meeting
was in respect of Janice Estrella?



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A. Yes, it was.

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Q. And you specifically recall raising at that meeting the fact that Miss Nelles was not present?

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A. That is right.

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Q. And it was at that point where, was it Sgt. Warr simply did not respond or did he say no comment or --

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A. There was no response I believe.

11

12

Q. Prior to the discharge of Miss Nelles during your interviews with the police did the police ever ask you about the activities of any Hospital personnel other than the nurses?

13

14

A. Prior to that?

15

Q. Prior to the discharge?

16

A. No, they didn't.

17

18

Q. Subsequent to the discharge did they ask you about the activities of Hospital personnel other than the nurses?

19

20

A. It wasn't till that fall after Susan was discharged that they had discussed any other possibilities.

21

22

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Q. Well, without identifying the individuals could you tell me the type of personnel that they asked you about? The job position of those

24

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3 personnel.

4 A. It was about a ward clerk and
5 one of the computer people.

6 Q. And why were they asking about
7 a computer person?

8 A. Well, they didn't really ask
9 about - they mentioned that person just because
10 I believe they mentioned before they were aware of
11 those people so they just asked my impressions of
12 them.

13 Q. They were aware that those
14 people were present on the ward at some time?

15 A. Yes.

16 Q. This computer person was that
17 person present during the evenings on the ward?

18 A. During the nights.

19 Q. What was the function that
20 that person was performing?

21 A. He would pick up our computer
22 sheets and then feed them into the computer.

23 Q. What is your recollection of
24 the general time when that person would come to pick
25 up the sheets?

A. It could be any time after
11:00; between 11:00 and 3:00.



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Q. Did they ask you about one particular person who would pick up the computer sheets, or a number of people?

5

A. One particular person.

6

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Q. Would the person who picked up the computer sheets during the week be the same person who picked up the computer sheets on the weekend?

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A. No. There was another person that would pick it up on the weekend, and sometimes would pick it up during the week I guess depending on the other person's days off or nights off.

13

14

Q. So prior to the discharge you were never asked about those people?

15

A. No.

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Q. Prior to the discharge of Miss Nelles during your interviews with the Metropolitan Toronto Police were you ever asked about the activities of any nurse on that ward other than Miss Nelles?

20

A. No.

21

22

Q. Were you ever asked about the activity of any other nurse in the Hospital other than Miss Nelles?

23

A. No. Other than myself, no.

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Q. Were you ever asked about
the activities of staff cardiologists?

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A. No.

5

Q. Cardiac Fellows?

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A. No.

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Q. Residents?

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A. No. Just like their role
during the arrest. But, no, there was no specific
questions about it.

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Q Now what about non-medical
personnel, such as maintenance?

A No.

Q There were no questions of that
nature asked during your interviews with the police
prior to the discharge?

A No.

MR. BROWN: Thank you. Those are all
the questions I have.

THE COMMISSIONER: Thank you, Mr. Brown.
Miss Forster?

CROSS-EXAMINATION BY MS. FORSTER:

Q Ms. Bell, my name is Elizabeth
Forster and I act on behalf of Phyllis Trayner.

I would like to deal first with the
job description of the team leader, and you have
provided us with a written description. I take it that
one of the duties of a team leader is to help out
on her team whenever she is needed?

A To help her team members, yes.

Q And if other nurses are busy
with their patients she would give those nurses
assistance if they needed it?

A Yes, definitely.

Q And it was generally the team



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leader who would do the medications for the RNA's on her team?

A. Yes, it was.

Q. And you mentioned that it was the team leader who had responsibility for the critically ill patients on the ward, although she wouldn't normally be assigned to critically ill patients, is that correct?

A. That is right.

Q. I take it however that the team leader was expected to keep a very close eye on critically ill patients on her ward?

A. Yes.

Q. And the team leader was also expected to be present for all arrests on both 4A and 4B?

A. Yes, it was.

Q. And was it usually the team leader who relieved the other nurses on her team for the breaks?

A. Yes.

Q. And you have told us that it was your practice to do rounds at the beginning of your shift?

A. Yes, it was.



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Q. Is that a practice common to all team leaders?

A. Yes, it is.

Q. And did you also do rounds periodically during the shift?

A. Yes, we did.

Q. Is that a responsibility of team leaders in general?

A. Yes.

Q. And how often were you expected to do these rounds?

A. You would try to get around at least every hour.

Q. What would you do during these rounds?

A. Just go into the patient's room; see if there was any problems with the patients; if somebody on your team was behind in doing something, whether it be in giving medications or feeding, or vital signs, just assessing where they were and if they needed assistance you would help them out.

Q. Was it common practice on the rounds to do vital signs for patients?

A. It could be, yes.

Q. Are you more likely to do it with



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the more seriously ill patients?

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A. Those vital signs would be done more often, so, yes.

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Q. Would they often be done by the team leader on her rounds?

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A. It could be done, it depends on how the other nurse was doing in her patient care, she could just ask you, could you do the signs for me.

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Q. And if you were doing your rounds and you thought the condition of a patient had changed would you take the vitals as a matter of course?

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A. Yes, I would.

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Q. Now, we have heard evidence that all of the registered nurses prepare medications for the patients under their care, is that true?

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21

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A. That is right.

Q. And I take it that sometimes if an RN is busy another RN may prepare her medications for her?

A. She could.

Q. Does that happen?

A. Right.

Q. Are the medications as a rule prepared at the beginning of the shift, or when they are needed?



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A. When they are needed.

Q. You indicated that normally, dealing with the night shift, that normally at 9 p.m. was the time that digoxin and diuretics were administered, is that correct?

A. That is right.

Q. And at 9 p.m. would all of the registered nurses go to the medication room and prepare the digoxin and diuretics?

A. Usually, yes.

Q. Would you often find them all in the medication room at the same time?

A. Not necessarily, our medication rooms are pretty small and probably only would hold two people.

Q. I take it that when two people were present in the medication room they would check each other's digoxin?

A. That is right.

Q. And they might be preparing medications not only for their own patients but for the RNA's?

A. That's right.

Q. How did they go about preparing medications, would you prepare a dose for one



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particular patient or would you prepare the medications for all your patients for their 9 o'clock administration?

A. You would prepare them for all your patients.

(2) Q. So at 9 o'clock you might see two nurses in a medication room preparing digoxin and diuretics for all of their patients that required that medication?

A. Yes, that is correct.

Q. And once the medications were prepared were they distributed immediately?

A. Yes.

Q. Were there occasions when the medications stayed in the medication room for a while before they were distributed?

A. If a problem arises that is possible, yes.

Q. Can you tell me how the medications were distributed to the patients?

A. You mean the process of distributing them?

Q. Yes.

A. You would have a tray with your medications on them, and the medications would have -



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there is a little slot where a medication ticket would be and on it it would have the patient's name, the medication, the dosage, et cetera. You would go to the patient, check the patient's arm band, and if it was digoxin you would take the apex and assess the heart rate and then if it was all right then you would give the digoxin.

Q Let's deal with digoxin for a minute. I take it when you are administering oral digoxin to a baby it is administered through a syringe?

A Yes, that's right.

Q And is the syringe prepared in the medication room?

A Yes, it is.

Q And the oral digoxin is drawn up in a syringe?

A Yes, it is.

Q And it is put on this tray?

A Right.

Q And how is the syringe labelled, how do you know which syringe to give to what baby?

A Well, the medication tray I was talking about has a little slot where you put the medication ticket and you would put the syringe with the medication ticket.



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Q And what about oral digoxin given to - first of all, is oral digoxin given to older children, or do they generally have pills?

A It can be given to an older child, yes.

Q How is it administered to an older child?

A The same way.

Q In a syringe?

A Yes.

Q And what about diuretics, how are they normally administered to a baby?

A In the same manner, through a syringe.

Q And are they given orally through that syringe?

A Yes, they are, it is a liquid.

Q Is it fair to say then that during the 9 o'clock administration of medications the RN's would have a tray that could have several different syringes with several different medications on them?

A That is right.

Q You also indicated to Ms. Cronk on Monday that the nurses on your team expressed



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concern to you that Phyllis Trayner was calling the
Code 25 too quickly; do you recall that evidence?

A. Yes, I do.

Q. I believe that you stated that
that concern was conveyed to you in early August?

A. Yes, it was.

Q. And the concern centred around
two babies?

A. That I recall, yes.

Q. Are you able to recall their names?

A. No, I don't.

Q. Did you ever discuss this concern
with Miss Trayner?

A. No, I don't believe we directly
discussed it with her, no.

Q. Can you tell me why you didn't?

A. We felt, the people on our team
and some of the - Phyllis' team members, that we were
feeling a lot of stress from the arrests and the
actual deaths and having to deal with the parents and
we were all reacting in a different way. Phyllis
was being more vocal than the rest of us, so we
thought of - maybe because of our stress that we were
not reacting to her as well as we should as well. So
we didn't want to increase her stress to the whole



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thing, so we decided to talk to our head nurse who had more experience in nursing and maybe she could help us cope with our own stress and maybe cope with hers as well.

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Q. You indicated that both of the babies about whom this concern centred around eventually died?

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A. Yes, they did.

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Q. Was it ever suggested to you that the babies died because Ms. Trayner called the Code 25 too quickly?

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A. No, it wasn't.

Q. Was it ever suggested to you that any harm came to either of these babies because Phyllis Trayner called a Code 25 too quickly?

22

23

24

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A. No.

Q. I take it if that suggestion had been made that the babies had come to some harm because of Ms. Trayner calling a Code 25 too quickly, that you would have raised that concern with her, wouldn't you?

A. Yes, we would have.

Q. You knew Ms. Trayner fairly well?

A. I think so.

Q. She was a personal friend of yours?



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A. Yes.

Q. Was Ms. Trayner the kind of person who would call for help whenever she was in doubt about a patient's condition?

A. Yes, she was.

Q. She was the kind of person who would rather be safe than sorry, so to speak?

A. Definitely.

Q. You also mentioned in your evidence that by October there were concerns amongst other nurses on the floor that Ms. Trayner was seeking more attention as a result of the arrests on her team, do you recall that evidence?

A. She was seeking more reassurance, yes.

Q. Was she concerned by the number of deaths that were occurring while her team was on duty?

A. Definitely.

Q. Was she seeking reassurance that both she and the members of her team had done everything possible for the children?

A. I believe so, yes.

Q. And would you agree with me that by October there had been a great number of deaths on Ward 4A?



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A. Yes.

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Q. You and Ms. Trayner started

4

working at the Hospital on the same day, didn't you?

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A. Yes, we did.

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Q. And when was that?

7

A. I believe it was November the 6th,

1978.

8

Q. 1978?

9

A. Yes.

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Q. And prior to the deaths in the

11

epidemic period, prior to Laura Woodcock's death,

12

how many arrests did you experience?

13

A. Personally I only experienced
one on 5A, an arrest-type situation, it was a death.

14

Q. Do you know how many Ms. Trayner

15

had been through?

16

A. No, I couldn't really say.

17

Q. Were you both working on 5A

18

together?

19

A. Yes, but not on the same team.

20

Q. But you would hear of arrests

21

that occurred on other teams wouldn't you?

22

A. Yes.

23

Q. Do you know whether she would

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have experienced roughly the same number of arrests,

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or many more arrests than you had?

A. I imagine it was the same.

Q. Is it fair to say that neither of you had a great deal of experience in arrest situations?

A. That's right.

Q. Does it really surprise you then that she reacted strongly in the face of a large number of arrests that she and her team members were encountering on Ward 4A?

A. Yes, it was, that is why we didn't go to her directly.

Q. It didn't surprise you that she was reacting in that way?

A. No, I felt it was a reaction to the deaths and the arrests themselves.

Q. In fact it was part of her responsibility as a team leader to make sure that both she and her team members did everything they could during an arrest, was it not?

A. Yes.

Q. Was it not also part of her responsibility as a team leader to ensure that the concerns of all of the members of her team were conveyed to more senior personnel on the ward and at the Hospital?



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A. She would convey it, yes.

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Q. I wanted to deal with the Miller

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baby. I believe you said yesterday that on the

5

evening of Allana Miller's death you were in Allana

6

Miller's room four times?

7

A. Somewhere around there, yes.

8

Q. And you stated that the first

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time you thought was shortly after 9 o'clock, after
you did your report and rounds?

10

A. Yes, that's right.

11

Q. And you indicated that you heard

12

the alarm go off in Allana Miller's room?

13

A. That is correct.

14

Q. And you went into the room?

15

A. Yes.

16

Q. And nobody else was in the room?

17

A. That's right.

18

Q. And you took the vital signs?

19

A. That's right.

20

Q. And you indicated that the

second time you thought was within an hour of the first
time?

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A. I believe it was, yes.

22

Q. So that would have been

23

approximately 10 o'clock?

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A. Around there.

Q And again you heard the alarm go
off?

A. Yes.

Q And you went into the room?

A. Yes.

Q And you were the only person in
the room except for the baby?

A. I believe so.

Q And again you checked the vitals?

A. Yes.

Q Are you quite sure with respect
to the first two times of the times which you went
into the room?

A. No, I can't be sure of the times,
no, I know it was after 9 o'clock.

Q Could it have been that your
first trip into the baby's room was after 10:30 that
evening?

A. I don't think so, no.

Q Do you recall giving evidence
at the Nelles' preliminary inquiry, Ms. Bell?

A. Yes.

Q Do you recall being asked these
questions and giving these answers; and I am referring



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to page 1656, Volume 7 of the Preliminary Inquiry;

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page 1656.

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A. Yes, I have it.

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Staring in the middle of the page
you were being cross-examined by Mr. Cooper:

"Q. And you were on 4B that night.

Was there any particular reason why
you went in and took the vital signs
of Allana Miller who was on the far
end of the ward in 4A?"

"A. Uhmm, Susan and Phyllis were
busy with Justin Cook who was being
admitted that night."

"Q. Oh, okay. Susan and Phyllis
Trayner were busy admitting Justin
Cook."

"A. Yes."

"Q. And I am going to suggest to
you that he didn't arrive on the floor
until somewhere in the vicinity of
10:30 that evening. That's a possi-
bility?"

"A. Yes."

"Q. The nursing records and
Hospital records I think have borne
that out. So that it is likely that
you checked Allana Miller's vital
signs sometime after 10:30, I am going
to suggest to you?"



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"A. Yes."

3

Do you recall being asked those
questions and giving those answers?

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A. Yes, I see it here. But at
the top of the page it says, when I was first asked
that I had checked Allana after nine o'clock and I
most definitely went after Justin Cook had been
admitted as well, at the top of that page 1656.

9

10

Q. All right. Well, let's read
that then. Mr. Cooper puts to you now:

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"Q. Apparently sometime after
nine o'clock you checked Baby Miller's
vital signs and reset her monitor?"

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15

16

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"A. Yes."

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"Q. Is that correct? Would there
be a note of that somewhere in the
nursing records relative to Allana
Miller?"

"A. No."

"Q. That is just from your own
recollection?"

"A. Yes."

"Q. Is that correct? So as to the
time, could you be accurate that that's
at nine rather than at ten or..."



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"A. No."

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"Q. You couldn't. How often are
vital signs usually checked? Are they
usually checked once an hour or --"

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"A. In her case, yes."

6

"Q. Every hour?"

7

"A. Yes."

8

And then Mr. Cooper put it to you that it really
wasn't until after 10:30 that you went and checked on
the baby and you agreed with him.

10

11

A. Well, I agreed that I checked
the vital signs after Justin had arrived, yes.

12

13

Q. Well, I am putting to you that
you told Mr. Cooper, you agreed with Mr. Cooper that
you didn't go into the room -- the reason you went
into the room was because Susan and Phyllis were
busy with Justin Cook.

16

17

A. And also the alarm had gone
off too, that was one of the reasons why I went into
the room.

19

20

Q. Justin Cook wasn't admitted
until some time about 10:30 that evening?

21

A. That is what the chart says.

22

23

Q. And how Mr. Cooper put it to
you then that you wouldn't have gone into the room

24

25



Bell
cr.ex. (Forster)

E4

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until after Cook's admission at 10:30 and you
agreed.

3

4

A. I had put the time that I had
gone into Allana Miller's room when Justin Cook
was admitted as well.

5

6

7

Q. Is this a further time that
you went into the room?

8

9

A. Well, I had said before that
I had been into the room a number of times before
midnight.

10

11

12

13

14

Q. Well, we know about the time
at nine that you say you were in the room, we know
about the time at ten. Is this time that Mr.
Cooper put to you of after 10:30 an additional time
other than what you have told us about already?

15

16

17

A. I have said that I had been
in the room a number of times, more than two times,
yes.

18

19

Q. All right. And you said you
went into the room one time when you saw Mrs.
Trayner administering the medication to the baby?

20

21

A. That's right.

22

23

Q. All right. And you said that
you went into the room one time and found Miss
Nelles and Mrs. Trayner suctioning the baby?

24

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Bell
cr.ex. (Forster)

E5

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A. That's right. That was just prior to her arrest.

Q. Is this time that you mentioned to Mr. Cooper an additional time over and above those four times?

A. It could have been. I had been in either room a number of times.

Q. Do you really know how many times you were in the room?

A. I can't say exactly how many times I was in the room.

Q. Do you know when you were in the room?

A. I can't say the exact times, no.

Q. You really don't have any clear recollection of when or how many times you were in the room, do you?

A. I can't say exactly, no.

Q. All right. As I mentioned to you, you said the third time you recall being in the room was when you saw Mrs. Trayner administering a medication to Allana Miller?

A. It could have been the third time, yes.



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Q. And the fourth time was when you found Ms. Nelles and Ms. Trayner suctioning the child?

A. Yes, I said that.

Q. And it was after that that you called Dr. Soulioti?

A. Yes.

Q. Okay. Can you recall any other times being in the baby's room that evening?

A. I recall a number of times but I can't say how many times I was in and out of the room.

Q. Yesterday, Ms. Cronk put to you Ms. Trayner's evidence at the preliminary where she said that about two o'clock in the morning Allana Miller's alarm went off and that you and Phyllis Trayner went into the room and found Allana Miller vomiting and that you left momentarily to get a catheter to suction the child. Do you recall Ms. Cronk reading that evidence?

A. Yes, I do.

Q. And I believe your evidence is that you don't recall that incident?

A. No, I don't.

Q. All right. You also told



Bell
cr.ex. (Forster)

E7 1
2 Ms. Cronk that you didn't recall Allana Miller
3 vomiting that evening.

4 A. She was very full of mucous
5 and she was spitting up the mucous. You could call
6 it vomiting or coughing up the mucous.

7 Q. Well, you told Ms. Cronk
8 yesterday, Mrs. Bell, and I am referring to Volume 99
9 of the transcript, page 2517 -- the second question,
10 Ms. Cronk says:

11 "Q. Do you recall any occasion
12 when you entered the room when the
13 child had been vomiting?"

14 "A. No. The child had at one
15 point she had coughed but she hadn't
16 vomited, no."

17 Do you recall being asked that
18 question and giving that answer?

19 A. Yes, I do.

20 Q. Do you recall giving evidence
21 at the preliminary hearing?

22 A. Yes.

23 Q. And I am referring you to
24 page 1607 of your evidence in chief, Volume 7, at
25 the preliminary inquiry.

A. Yes.



Bell
cr.ex. (Forster)

E8

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Q. Starting at about line 8:

3

"Q. Did you ever see Allana

4

Miller vomiting at all prior to her
death?"

5

"A. Yes."

6

"Q. When was that?"

7

"A. On one of the occasions that
I went into her room."

8

9

"Q. Do you recall what time that
would be, Mrs. Bell?"

10

11

"A. No."

12

"Q. And who was in there at the
time besides Allana."

13

"A. Phyllis Trayner."

14

"Q. Anybody else?"

15

"A. No."

16

"Q. And what was done about
Allana's vomiting?"

17

18

"A. Well, we sat her up and we
suctioned her."

19

20

"Q. Sat her up and suctioned her.
What does that mean?"

21

22

"A. Well, we sat her up until
she stopped."

23

Do you recall being asked those

24

25



E9

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questions and giving those answers?

3

A. I see it here, yes.

4

Q. And you were under oath at
the time?

5

A. Yes.

6

7

Q. Did you intend to tell the
truth?

8

A. Yes.

9

10

Q. Do you recall now whether you
saw Allana Miller vomiting on the evening of her
death?

11

12

A. I recall her coughing in
going over this, yes.

13

14

Q. Well, you gave evidence at
the preliminary, Mrs. Bell, that you saw her vomiting.

15

16

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19

A. Well, you could say it is
vomiting but she was very mucousy and what she was
doing was spitting up the mucous. So, you could
call it vomiting or you could call it coughing up
the mucous.

20

21

Q. All right. And you also
indicated at the preliminary that it was you and
Phyllis Trayner that were suctioning her.

22

23

24

25

A. Yes.

THE COMMISSIONER: Tell me about



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E10 2

suctioning. You mentioned something about
suctioning. What sort of an operation is suctioning?
It doesn't involve any instrument?

THE WITNESS: It does. It involves a
catheter.

THE COMMISSIONER: Oh.

THE WITNESS: And you insert it either
nasally or orally and what you do is you suck out
any excess, like mucous or whatever is there.

THE COMMISSIONER: Is that what you
were referring to in the preliminary?

THE WITNESS: Yes.

THE COMMISSIONER: And do you remember
that occasion?

THE WITNESS: I do now, going over
all of this, yes.

THE COMMISSIONER: When did it take
place? When did that suctioning take place? Can
you distinguish whether that was at the beginning or
the end? Was that close to the arrest? Was that
close to any other time? I don't want to interfere
with what you were doing, Miss Forster.

MS. FORSTER: No, that's fine.

THE COMMISSIONER: You can do it what-
ever way you want but I didn't want to leave that



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suctioning.

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THE WITNESS: I can't pinpoint a time.

4

MS. FORSTER: Q. Was this an

5

occasion distinct from the occasion when you went in
and saw Susan and Phyllis suctioning the child?

6

A. Yes, it was.

7

Q. So, it was a further occasion

8

you were in the child's room?

9

A. It was another time I was in

10

the room.

11

Q. And you don't recall what

12

time that was?

13

A. No, I'm sorry.

14

Q. All right. Do you recall

15

any other occasions you haven't told us about in
which you were in Miller's room that evening?

16

A. The only other occasion which

17

was discussed yesterday was being in the room and

18

seeing Phyllis give what I thought to be an anti-
biotic.

19

Q. All right. And you mentioned

20

at that time that you saw Ms. Trayner put medication
in a buretrol; correct?

21

22

A. Yes.

23

Q. And I put it to you that you

24

25



1
El2 2 never told anybody about that occasion until you
3 gave your evidence at this inquiry?

4 A. I gave it at the preliminary
5 hearing when I was directly asked by Mr. Cooper.

6 Q. Well, let's look at your
7 evidence at the preliminary.

8 First of all, at page 1597. Mr. Hunt
9 read this yesterday.

10 A. Yes.

11 Q. Starting at line 10 the ques-
12 tion was put to you:

13 "Q. Did you ever give her any-
14 thing, ever feed her anything?"

15 "A. No."

16 "Q. Did you ever give her any
17 medication?"

18 "A. No."

19 "Q. Did you see anybody else
20 feeding her or giving her medication?"

21 "A. No."

22 Do you recall being asked those
23 questions and giving those answers?

24 A. Yes, I see them here.

25 Q. And next at page 1659, Mr.
Cooper is cross-examining you. Starting at about



E13

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2

line 7, Mr. Cooper asks you:

3

"Q. And on those occasions when
you went in to see Allana Miller were
there any other nurses in the room?"

4

5

"A. On one occasion."

6

7

"Q. One occasion. Who was that on
one occasion?"

8

"A. Phyllis Trayner."

9

10

"Q. Phyllis Trayner. Was that the
time Allana Miller was vomiting?"

11

"A. Yes."

12

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"Q. Right. Well, we will deal
with that separately. So, on one
occasion when she was vomiting Phyllis
Trayner was there. On the other
occasions were there no other nurses
in the room at all or were there just
no other nurses with Allana Miller?"

18

19

"A. Well, there was no -- well,
Allana Miller was in the room alone."

20

Do you recall being asked those
questions and giving those answers?

21

A. Yes.

22

23

Q. And certainly on neither of
those occasions did you indicate that you had seen

24

25



E14

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Phyllis Trayner give medications, did you?

3

A. That's right.

4

Q. And as I take it from your

5

evidence yesterday the time at which you say that

6

you gave evidence of this medication is found at

7

page 1660, the next page.

8

A. That's right.

9

Q. And starting at page 1659,

Mr. Cooper says:

10

"Q. All right. Now, Allana

11

Miller was not on constant care?"

12

"A. No."

13

"Q. Is that right? Apparently

14

at one point Phyllis Trayner did an

15

apex on Allana Miller, that's within

16

the realm of expectation?"

17

"A. Yes."

18

"Q. Right. At one point Phyllis

19

Trayner gave gentamicin to Allana

20

Miller, and that could be expected

21

having regard to Susan Nelles' pre-

22

occupation with Cook?"

23

"A. Yes."

24

A. That's right.

25

Q. And I put it to you that the



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E15 2 answer you gave was that it could be expected that
3 Phyllis Trayner would give a medication to Allana
4 Miller if Susan Nelles was preoccupied?

A. And that she could have given
her the gentamicin. I recall ~~her giving her~~ some
medication and when Mr. Cooper had said it then it
came to mind that she did give a medication.

Q. Well, you didn't tell Mr.
Cooper that you saw Phyllis Trayner give the medi-
cation, did you?

A. I didn't think about it until
I was directly asked about the gentamicin and it
came to mind that I saw Phyllis give a medication
and I assumed it was an antibiotic.

Q. But at the time that it was
put to you you didn't tell him when you saw Ms.
Trayner give the medication, what you saw Ms. Trayner
give; did you?

A. No. His question was just
put to me as her giving gentamicin and, yes, that
was an expected thing if Susan was busy.

Q. Well, the question I suggest
to you was that it could be expected if Susan Nelles
was busy with another baby.

A. And that she gave the gentamicin.



E16

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THE COMMISSIONER: What about the
part about -- that was the time that she was vomiting.
Was that the time that she was vomiting?

THE WITNESS: No, it wasn't.

THE COMMISSIONER: Following on page
1660 -- oh, I see, that wasn't. The gentamicin wasn't
the same time as the vomiting?

THE WITNESS: No, it wasn't.

THE COMMISSIONER: All right.

MS. FORSTER: Q. Now, when you saw
Ms. Trayner give this medication, can you tell me
first of all what size of a syringe she was using?

A. I believe it was a 3 cc.
syringe.

Q. And is that the size of
syringe one would use to administer gentamicin?

A. An antibiotic, yes.

Q. And gentamicin is an anti-
biotic?

A. Yes, it is.

Q. And where was she injecting
this medication?

A. Into the top of the buretrol,
into the rubber stopper there.

Q. And is that the normal place



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E17

for injecting gentamicin?

A. Yes. On our ward it was.

Q. And I take it that Registered
Nurses on your ward and on Ward 4A were permitted
to administer antibiotics into the buretrol?

A. Yes, that's right.



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Q. Do you recall the colour of the medication that she was administering?

A. No, I don't.

Q. How long were you in the room at that time?

A. When she was administering the medication? Just for a few minutes.

Q. Did you see her finish administering the medication?

A. She had taken - yes.

Q. When you went into the room had she started administering the medication or did she start it after you had entered the room?

A. She had started. She was in the process of lifting her arm up and putting the needle into the buretrol.

Q. After she put the needle into the buretrol what did she do?

A. She injected whatever she had, whatever medication she had and took the needle out.

Q. And then what did she do?

A. I don't know. I think I had left the room.

Q. You indicated yesterday I



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believe that you couldn't recall whether she had placed a sticker on the buretrol after administering the medication?

A. That is right.

Q. Is it possible that Miss Trayner put that sticker on after you left the room?

A. Yes, it is.

Q. Do you recall what time it was when you saw Miss Trayner administer the medication?

A. I can't recall the exact time, no.

Q. You mentioned yesterday that you thought you saw this at the time Susan Nelles was taking Justin Cook to the echo lab. Do you recall that?

A. Yes.

Q. And is it possible that you are mistaken as to that event?

A. It could be, yes.

Q. Right. Do you really have any good recollection at all as to the time, the timing at which you were in this room during that evening?

A. It was a fairly busy night.



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3 I had patients on my side, and it was a matter of
4 if the alarm went off I would go in and check it
5 or whatever, so I never really checked the times,
6 and I had been in and out of the room a number of
7 times, so, no, I don't have any recollection of
time.

8 Q. And it was also three years
9 ago, wasn't it?

10 A. Yes, it was.

11 Q. And if everything you saw
12 Miss Trayner do consistent with what you would
13 expect a nurse to do if she was administering
gentamicin?

14 A. Yes. If it was an antibiotic
15 she would inject it into the buretrol to run it
16 over a period of time, yes.

17 Q. I would like to put to you
18 some of Miss Trayner's evidence at the preliminary.
19 Reading from Volume 4, page 690, starting at about
line 22. Miss Trayner was asked at the preliminary:

20 "Q. And in any event Miss Nelles
21 told you that this ampicillin was in
22 there and then you indicated yesterday
23 that you yourself put in another drug
24 called intamicin.
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"A. Gentamicin.

Q. Gentamicin?

A. Yes.

Q. All right. And what kind of drug is that?

A. That is another antibiotic.

Q. All right. And is it a clear fluid?

A. Yes, it is.

Q. And when did you do that?

A. About one o'clock in the morning.

Q. One o'clock in the morning, all right, and was Susan Nelles there when you did it?

A. She had just returned back from the echo lab, was settling Justin and asked me if anybody had done signs for the patient while she was gone.

Q. Yes.

A. I told her that I had done Allana Miller's signs and I asked Janet Brownless to do Baby Adairo's vital signs for her because she was



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"busy with Justin.

3

Q. Yes.

4

A. She then said she had another medication to give and I told her I would go and get it for her.

5

6

Q. What medication did she say?

7

8

A. That was gentamicin."

9

Miss Bell, the question I have for you: is it possible what you saw Miss Trayner doing that night was administering the one o'clock gentamicin to Allana Miller?

10

11

12

A. It is possible.

13

14

Q. And is it possible that your recollection is not accurate in that you didn't see that at the time Susan Nelles was taking Justin Cook to the echo lab?

15

16

A. It is possible.

17

18

Q. When you walked in the room and saw Miss Trayner giving the medication what was her reaction?

19

20

A. There was no reaction. She was in the process of giving a medication.

21

22

Q. Did she seem surprised?

23

A. No.

24

Q. Did she try and hide anything

25

F5



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or cover anything up?

3

A. No. She was just lifting her

4

arm up and putting the needle in the buretrol.

5

Q. Did she act suspicious in

6

any way at all?

7

A. No.

8

Q. Did she just act like she

9

was doing her job?

10

A. Yes.

11

Q. And if Susan Nelles was still

12

busy with Justin Cook at one o'clock in the morning
would you not expect Miss Trayner as team leader

13

to administer medications to Susan's other patients

14

for her?

15

A. Yes. It wasn't unusual.

16

Q. Now --

17

THE COMMISSIONER: Does Mrs. Trayner

18

say somewhere here that she did administer that -

19

somewhere I take it. That goes on, does it? All
she says is she went and got it.

20

MS. FORSTER: Yes, sir, it does.

21

THE WITNESS: 692.

22

MS. FORSTER: Q. Starting at

23

page 692, line 18, they are discussing how

24

Miss Trayner prepared the medication and then it

25



is asked:

"Q. All right. And what did you do with it?

A. I brought it into 418 and showed Susan the ticket and showed her my gentamicin.

Q. What do you mean ticket?

A. The medication ticket that has Allana

Miller's name on it, the drug, the dosage and then the time.

Q. All right. And why did you show that to Susan Nelles?

A. Because - just to double check that it was gentamicin. We had some problems that night about having a coroner's inquest so everybody was a little bit more careful of what they were doing.

Q. Coroner's inquest with respect to what baby?

A. Baby Pacsai.

Q. And when had you heard about a coroner's inquest on Baby Pacsai?

A. The Friday night, March 20th.



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"Q. Yes. So you showed this to Susan and what did you do with it?

4

A. Then I went into 423.

5

Q. Yes.

6

A. And injected it in the buretrol.

7

Q. And you do that with a hypodermic syringe?

8

9

A. Yes, I did."

10

Mr. Registrar, could the witness be shown the medical record for Allana Miller, please, Exhibit 115?

11

12

Would you turn to page 38 of the medical record, Mrs. Bell?

13

14

A. Yes, I have it.

15

16

Q. This is the medication and treatment record for Allana Miller.

17

Can you tell me when a nurse generally completes these records?

18

19

A. Usually after she gives the medication or if something comes up it could be some time later, or it could be before.

20

21

Q. She may sign for the medication before she has given it?

22

23

A. She might.

24

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Q. Or she may do it just after?

3

A. Right.

4

Q. And what if she is busy, when

5

would she - if she is having a busy night what would
6 she do?

6

7

A. Any one of those things.

8

Because the med room was right at the desk she
9 could sign for the medication there where the chart
10 was. She could sign for the medication after she
11 had given it or if something came up it could be
12 until some time later.

12

Q. Might it be at any time during

13

her shift?

14

A. Yes, it could.

15

Q. Right. And you indicated

16

yesterday to Miss Cronk that a nurse may sign
17 the medication treatment for her patients even
18 though another nurse gave the medication.

18

A. It could happen, yes.

19

Q. You are aware of it happening?

20

A. Yes.

21

Q. All right. And there is

22

nothing suspicious about that; it just happens?

23

A. It happens. It is not supposed

24

to, but I'm afraid it does.

25



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Q. All right.

3

THE COMMISSIONER: Why wouldn't

4

someone who was signing for what someone else has

5

done, why would they not - is it not usual under

6

those circumstances to put the name of the person

7

who did do it and sign your own - that is the

8

sort of thing that we in the legal profession find

9

quite reasonable. We sign somebody else's name

10

but then so there will be no doubt about it we

sign per ourselves.

11

Do they not do that in the medical

12

profession?

13

THE WITNESS: That could happen,

14

but that could be overlooked as well.

15

THE COMMISSIONER: Well, what was

16

your position with regard to it on your own team?

17

Did you encourage that sort of thing or did you --

18

THE WITNESS: It is not encouraged

19

with anybody. You are supposed to sign for whatever

you do, whatever medication you give.

20

THE COMMISSIONER: Supposing, though,

21

someone has done it, you saw someone do it but

22

they didn't sign in for some reason, did you ever

23

consider signing their name for them or did you

24

consider signing your own name?

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THE WITNESS: I would never sign
someone else's name to it.

4

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THE COMMISSIONER: Well, all I
am suggesting to you - you see if this is what
happened here, if Susan Nelles signs for Phyllis
Trayner, it doesn't really tell us what happened
at all, does it? It seems to indicate that Susan
Nelles administered when in fact Phyllis Trayner
administered. But if she were to sign Phyllis
Trayner per Susan Nelles then we would know what
happened.

12

THE WITNESS: That is right.

13

14

THE COMMISSIONER: And we would
also know who signed it.

15

THE WITNESS: That is right.

16

17

THE COMMISSIONER: But that system
was never adopted I take it?

18

THE WITNESS: Some people could
do that, but obviously it didn't happen.

19

20

THE COMMISSIONER: I haven't seen
it done. I may have just missed that.

21

Yes. All right. Sorry.

22

23

24

25

MS. FORSTER: Q. Mrs. Bell, have
you ever had a situation where you signed the
medication record for a child although another



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nurse gave the medication? Have you ever done that
yourself?

4

A. Not that I recall, no.

5

6

7

8

Q. All right. Are you aware of
any situations where you administered the medication
yourself but somebody else signed the medication
record?

9

A. Yes, it has happened.

10

THE COMMISSIONER: I'm sorry, what
was that last question? What was that?

11

12

13

14

MS. FORSTER: I asked whether she
was aware of situations in which she had administered
the medication but somebody else signed the medica-
tion record.

15

THE COMMISSIONER: And how did she
sign it? What was the occasion?

16

17

18

19

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21

THE WITNESS: Well, I administered
it in that the other person was busy. Like I had
checked and I say "I'll give it" and then perhaps as
she is going over doing her charting, she was busy,
she would sign knowing that I had given it, or at
least trusting that I had given it.

22

THE COMMISSIONER: That is apparently
what happened here. Do you say that was improper?

23

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THE WITNESS: It is.

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THE COMMISSIONER: But there has
been an occasion you say when this has happened to
you?

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THE WITNESS: Where I have given
it and someone else has signed, yes.

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THE COMMISSIONER: Why would you not
sign it yourself?

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THE WITNESS: Forgetting not to.

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THE COMMISSIONER: How many times
does this happen?

11

THE WITNESS: Not very often.

12

THE COMMISSIONER: What concerns me
about that if you do that sort of thing the records
don't tell somebody else - they may be perfectly
honest to you and to the other person as it was,
but when it comes to checking and finding out
whether it is, it is the wrong name.

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THE WITNESS: That is right.

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MS. FORSTER: Q. In those situations
where it has happened to you, Mrs. Bell, does the
person who signed the record sign her own name?

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21

A. Yes.

22

Q. As opposed to your name?

23

A. Yes, they would.

24

Q. And if a nurse has had a

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particularly - excuse me, first of all, did this happen on occasions where the nurse who was responsible for the patient was having a particularly busy evening?

6

A. That is when it happened, yes.

7

8

Q. And if a nurse is particularly busy would she often do all of her charting at the end of the shift?

9

10

A. It could happen, yes.

11

12

13

Q. All right. And is it possible on some of the occasions where this happened you wouldn't be available to sign the medication record because you would off giving report?

14

A. That is right.

15

16

MS. FORSTER: Those are all my questions. Thank you.

17

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THE COMMISSIONER: Yes. All right, thank you.

19

Mr. Hunt?

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CROSS-EXAMINATION BY MR. HUNT:

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Q. Mrs. Bell, my name is Hunt. I represent the Attorney General and the Solicitor General with respect to this Inquiry.

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Now just to pick up on the point that my friend Miss Forster was dealing with in the latter

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part of her examination with respect to the time at which you saw Phyllis Trayner administer medication to Baby Miller.

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A. Right.

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Q. And you admit to her that it is possible you saw this later in the evening. That is later than midnight, and it is possible that what you saw her administering into that buretrol was gentamicin; you don't know?

10

A. It is possible, yes.

11

12

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Q. If we are going to talk possibilities, it is also possible on your evidence that it was closer to midnight that you saw her administering medication into the buretrol?

15

A. I can't pinpoint a time, no.

16

17

Q. My question to you was it is possible?

18

A. That possibility is there, yes.

19

20

21

Q. It is possible it was something other than gentamicin that was going into the buretrol?

22

A. In my mind it was an antibiotic.

23

24

25

Q. The question - if you will just listen to my question --



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A. Okay.

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Q. -- you will find it a lot

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easier. It is possible that it was something other
than gentamicin going into the buretrol?

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A. It could have been.

7

Q. Right. And yesterday when

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you were giving evidence here, principally to
Miss Cronk, you were doing your best to recall a
sequence of events that night?

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A. Yes, that is right.

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Q You are not trying to back off
any evidence that you gave yesterday, today, are you?

A No, I don't believe I am.

Q Nothing happened overnight that
caused you to want to change anything you said
yesterday?

A I have gone over the transcript
from the preliminary hearing, and I have gone over my
statements.

Q And you are content with the way
you gave your evidence yesterday and the way you left
this matter then?

A I am not happy with it.

Q What is it that has caused you
to feel --

A It has caused me concern because
we keep going over it.

Q Don't worry about people going
over it. Just in your own mind I am putting to you
is there anything that has happened that caused you
to want to change your evidence from yesterday at all?

A No.

Q So you are content with the
evidence you gave yesterday?

A Yes.



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Q. And yesterday you were doing
your best to recall the events?

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A. Yes.

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Q. And your best recollection at
that time was that you went into Baby Miller's room
on the third occasion, that is the occasion when you
saw Phyllis Trayner administering the medication;
very shortly after Susan Nelles passed you taking
Justin Cook down to the Echo lab?

10

A. That is right.

11

12

THE COMMISSIONER: I thought it was
at the time, but perhaps I have got it wrong.

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MR. HUNT: No, I think you are right,
sir, and as a matter of fact I am looking at your
questions to the witness at page 2345 in yesterday's
evidence, Volume 99.

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Q. Perhaps if I go back to 2344,
sir, I can pick up the entire exchange, line 17:
"THE COMMISSIONER:", this is Miss Cronk was asking you
questions:

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"THE COMMISSIONER: Yes. Could I just
interrupt for a moment. You said you
saw Susan Nelles going down with Justin
Cook to the Echo lab. When was that in
relation to this third time you went



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"into the Miller baby's room?

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"THE WITNESS: Well, I had heard the
alarm, I was at the desk.

4

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"THE COMMISSIONER: And it was just
then, was it?

6

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"THE WITNESS: Yes, and Susan was
passing through.

8

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"THE COMMISSIONER: So, it was right
at the time that Susan Nelles went to
the Echo lab?

10

11

"THE WITNESS: Right.

12

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"THE COMMISSIONER: That you went in,
and that's the third time, and you went
in because the cardiac monitor had gone
off?

14

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"THE WITNESS: Yes.

16

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"THE COMMISSIONER: Yes, all right."

18

19

So the evidence that you gave yesterday
that it was right at the time that Susan Nelles passed
on the way to the Echo lab that the monitor went off
and you went into the room?

20

21

A. Yes.

22

23

Q. And we heard the evidence
yesterday read of Phyllis Trayner to the effect that
Susan Nelles had taken Justin Cook down to the Echo lab

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some time between 11:50 and she didn't return until
12:20; do you recall that evidence being read?

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A. Yes, I do.

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Q. Then you recall this evidence
that was read to you this morning by Ms. Forster,
where Miss Trayner gave her account of the
administering of the gentamicin to Baby Miller?

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A. That's right.

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Q. And you recall her saying that
she took the vial in and showed the sticker to Susan
Nelles before she went back and administered the
gentamicin?

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A. That is right.

Q. That would suggest that is some
time after Susan Nelles returned from the Echo lab,
wouldn't it?

A. It would, yes.

MR. HUNT: Sir, I am about to start
into - the first area is going to be quite lengthy.

THE COMMISSIONER: Yes, all right.
All right, we will take 20 minutes.

MR. ORTVED: Mr. Commissioner, if I
could have your indulgence for a moment. I do have
very few questions, but I am obliged to be elsewhere
for the next hour or two, and just in the event, in



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the event things move faster than I anticipate they might, may I have your indulgence and maybe follow one of the other counsel?

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THE COMMISSIONER: Yes, sir, certainly, there is no problem about that. You say very few questions, do you mean just three or four, we could ask them now and then go with a clear conscience?

9

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MR. ORTVED: Well I prefer to wait until Mr. Hunt-because they may be largely academic after Mr. Hunt is through.

11

12

THE COMMISSIONER: Yes. How long do you think, Mr. Hunt, you will be?

13

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MR. HUNT: I will certainly be until lunch and possibly some short time after.

15

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THE COMMISSIONER: Yes. And your position, you are short I think you said yesterday, short in time, and I am sure very effective.

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MR. ROLAND: Yes, I think I will hold to that.

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THE COMMISSIONER: Yes, all right. This afternoon, are you available this afternoon?

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MR. ORTVED: I will be here this afternoon. I didn't think it would cause a problem, but I didn't want you to think if I wasn't here when I was reached that I necessarily --



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THE COMMISSIONER: Yes, all right.

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That's fine, we will take 20 minutes now.

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--- Short recess

(2)

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--- On resuming:

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MS. FORSTER: Mr. Commissioner, just

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before Mr. Hunt resumes. Just prior to the break he

8

read an excerpt from the transcript in which this

9

witness testified that she was sure that she had seen

10

Mrs. Trayner administer the medication at the time

11

Susan Nelles was taking the baby to the Echo lab.

THE COMMISSIONER: Yes.

12

MS. FORSTER: I simply wanted to point

13

out that there is a further occasion where she gave

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evidence, this is at page 2352 of yesterday's

15

transcript, and the last question on that page, Ms.

16

Cronk says:

17

"Is it possible than when you entered

18

the room and saw Phyllis Trayner

19

administering a medication using a

20

syringe and a needle to Allana Miller

21

that it was 1 o'clock in the morning

22

and not between 11:50 and 12:20?

23

"A. It could have been. Like I am not

24

sure of the times. I know I went into

25

the room after I passed Susan in the



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"hall. Whether that was the time I saw Phyllis give that medication I am not sure."

MR. HUNT: I am well aware of that, Mr. Commissioner.

THE COMMISSIONER: Yes.

MR. HUNT: If you will recall that preceded Ms. Cronk's efforts to try to pin the time down by virtue of the Echo lab and the time when Ms. Nelles returned.

THE COMMISSIONER: Yes, all right.

MR. HUNT: I don't propose to pursue that any further at this point.

Q. Mrs. Bell, you have indicated I believe to my friend Ms. Cronk, that back at the time, that is March of 1981, you considered both Phyllis Trayner and Susan Nelles to be personal friends of yours?

A. Yes.

Q. Would you describe them as good friends?

A. We worked together a lot and we saw each other outside of work, so, yes, we are good friends.

Q. And that friendship has continued?



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A. It has.

Q. And continues up until today?

A. Yes, it does.

Q. And have you continued to see both Ms. Nelles and Mrs. Trayner socially up until your appearance here?

A. Not as frequently as I did before, no.

Q. But you have continued?

A. Yes, I have.

Q. I am not suggesting there is anything wrong with that.

A. Yes, I have.

Q. When was the last time you saw Ms. Nelles?

A. The last time I had seen her, I believe it was in November or December of last year.

Q. What about Mrs. Trayner, when was the last time you saw her?

A. I haven't seen her for a while, I don't know when.

Q. Longer than last November?

A. It could be.

Q. It could be shorter than last November?



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A. No, I don't think it was any shorter.

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Q. When was the last time you talked to Ms. Nelles?

6

A. It was in November.

7

Q. And what about the last time you talked to Mrs. Trayner?

8

A. Last week.

9

Q. Last week?

10

A. Yes.

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Q. And have you talked to her frequently in the intervening months?

13

A. To Mrs. Trayner?

14

Q. Yes.

15

A. I have talked to her on and off, yes.

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Q. And when you talked to her last week did you have any discussion about your appearance here to testify?

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A. She had heard from the media that I was next to appear and she made comment to that, but that was the extent that we discussed it.

22

Q. What was the comment?

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A. She just said I understand you are appearing next week and I said, yes, and that was it.



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Q Did you discuss any of the evidence that you would be giving here?

A No, I didn't.

Q Any of the events that occurred back on the ward from July of 1980 to March of 1981?

A No, we didn't.

Q Well, I take it then that the nature of your friendship with both Ms. Nelles and Mrs. Trayner hasn't changed at all in the last two years, inasmuch as you still consider them to be good friends?

A Yes.

Q Now I take it when you were first contacted by the police back in, I think you said March the 24th of 1981?

A I believe it was.

MS. KITELY: I believe the witness said March the 26th.

MR. HUNT: Q The 26th? It was the day after the arrest of Susan Nelles.

A It was the day after, it was a Thursday.

Q And I take it that you were rather distressed at the fact that she had been arrested and charged with the murder of Justin Cook?



G.11

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A. Yes, I was.

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Q. And as you are aware very shortly after that she was charged with the murder of Allana Miller, Kevin Pacsai and Janice Estrella?

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A. Yes.

7

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Q. And that distressed you further?

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A. Yes.

Q. I am going to suggest to you

that in your meetings with the police on March 26th, April 24th and May 20th, that you adopted a particular attitude and that that attitude was that you would answer their questions but that you would not volunteer information to them; is that a fair statement?

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A. I would answer their questions, yes.

17

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Q. But you were not about to volunteer information to them?

19

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A. It was not an intentional thought, no, it wasn't.

21

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THE COMMISSIONER: I am sorry, what was that?

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THE WITNESS: It was not an intentional thing that I --

25

THE COMMISSIONER: It wasn't a thought or a plan of yours?

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THE WITNESS: No.

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THE COMMISSIONER: Is that what you mean?

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THE WITNESS: Yes, it is.

5

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MR. HUNT: Q. I suggest your attitude was not one that you were going to go out of your way to assist them?

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A. I had never been involved in a police investigation. I went there going to answer their questions with no intention of either not volunteering information or whatever.

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Q. Did you ever sit down and say, well, we have got a problem here, I have been thinking about it, I have gone over the events of the deaths of Cook, Miller, Pacsai and Estrella in my mind, and I am going to tell you everything I can recall about it and see what you can make of it. Did you ever take that approach to your dealings with the police?

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A. I had gone over things in my mind, and the things that I had gone over I would discuss with the police; I had gone over the events of the night.

23

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Q. You discussed it with them if they asked you about it?

A. What they asked me was, what



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had occurred during the night? What I presented to them was what had happened when I started my shift until, you know, until the shift ended, and what happened during the arrests and what happened during the resuscitation.

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Q. You would tell the police that I suggest to you if they specifically asked you what happened at a given point in time in the evening. My suggestion to you is that you did not approach this exercise of being interviewed with the police with an attitude of desiring to assist them by volunteering information?

13

14

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A. My desire to assist the police; obviously these children had died and there was a concern over the death of these children. So my intention was to assist the police, and that was the way I did it.

17

18

19

Q. I take it you were not too pleased about the fact that your good friend was charged with murder at that time?

20

21

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A. I was shocked at the fact that she was charged, and if there was any way I could help in coming to some kind of truth, or help with the events that happened that night, then that is what I was there for.



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Q If they happened to ask you about
it I suggest?

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A If they asked specific questions
I would answer specific questions.

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Q Well, for example, did you ever
tell a policeman that early on in these series of
deaths, back in the summer of 1980, that there was a
particular concern about one person, i.e. Phyllis
Trayner, and the fact that she was calling these
Code 25's too early? Did you ever volunteer that to
them?

12

13

A No, I didn't, but it didn't seem
to be an issue to be volunteered.

14

15

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Q You did not think that the
police might find that interesting and be concerned
as well that someone seemed to be calling Code 25's
before the situation really called for it?

17

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A At my time of the concern with
Phyllis, was our difference of opinion as to assessment,
she did not take the time that I would to assess a
situation. It was more of a difference of how I
dealt with it and how Phyllis dealt with it.

22

23

Q You didn't consider that the
police might find that suspicious somewhat?

24

25

A It wasn't suspicious to me, so



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I wouldn't have presented that to them as being suspicious.

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Q. So you didn't advance that, you

4

didn't volunteer that piece of information? Did you

5

ever tell them that you and your team members were

6

concerned that Phyllis Trayner was taking control of

7

these resuscitation efforts to the point where you

8

were concerned about it and went to Mary Costello

9

about it, and to the point that everyone was concerned

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that she was really getting involved in an area that

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was not her responsibility?

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A. I had raised these concerns with my Head Nurse and these were concerns that we had at the time and I didn't think of them at the time when I had spoken to the police.

Q. All right. You didn't think the police might find that suspicious that a particular person was seeking to take control of the resuscitation efforts perhaps in cases where they shouldn't have been?

A. Again, it wasn't suspicious in my mind, so I wouldn't present it as being so.

Q. And we have heard that you didn't tell a policeman at any point about seeing Phyllis Trayner administering medication to Baby Miller at approximately midnight, some two and a half hours before she died?

A. I don't believe I said it in my statement, no.

Q. No.

A. There was no specific reference.

Q. Well, I am suggesting to you that you never told a policeman that. The first time you have ever told anyone I suggest other than perhaps your own counsel is when you met with Miss Cronk back on the 31st of January?



Bell
cr.ex. (Hunt)

1
H2 2 A. There was mention of it made
3 at the preliminary hearing.

4 Q. Well, we will get to that.
5 We will just see if that amounts to mention of it.
6 But you didn't tell a policeman in any event about
7 that?

8 A. I did not.

9 Q. And I think you told us
10 yesterday that you believe in that meeting of
11 April 24th that dealt specifically with Allana
12 Miller that you were asked if you saw anyone giving
13 any medication to Allana Miller.

14 A. I have gone over my statement
15 that I gave and the question was specific, did I
16 see Susan give digoxin to Allana Miller.

17 Q. Well --

18 A. If we could go over the
19 statement.

20 Q. Let me just put to you some-
21 thing that was asked of you yesterday, Volume 99.

22 A. I know what I said yesterday
23 but I have had time to go over my statement and that
24 was what was asked at the time.

25 Q. Well, if you know it then you
won't need to have the transcript beside you when I



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just read it to you, will you?

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A. Well, you can refer to it.

4

MR. BROWN: What's the page?

5

MR. HUNT: 2491.

6

Q. You were asked this by Miss Cronk beginning at line 18 in reference to the April 24th meeting concerning Allana Miller:

8

"Q. Did they ask you as well, Ms. Bell, whether you had seen any individual giving any medication to that child?"

9

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"A. I think they did, I'm not sure."

13

14

"Q. Do you recall what you said?"

15

"A. I said, no."

16

Now, you are content with that answer, are you?

17

A. I wasn't sure exactly what they had asked me but I recall that they had asked something about the digoxin, whether somebody else had given it or myself.

18

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Q. The question that was put to you yesterday referred specifically to any medication.

22

A. Right.

23

Q. You said your answer you

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Bell
cr.ex. (Hunt)

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believe was no.

A. Yes, and that was asked on another occasion, another statement that I had given to the police as well.

Q. So, I am suggesting to you that you were given --

THE COMMISSIONER: Just a moment.

MS. CRONK: I'm sorry, Mr. Hunt, but perhaps to be entirely fair as to the exchange, you should start, Mr. Hunt, at the top of page 2491. The question appears, as it is sometimes my wont, to have been put twice.

MR. HUNT: I'm sorry. We will go back to line 5.

"Q. Were you asked whether any other individual had administered any medication to that child?"

"A. They had asked if I had or if anybody else, I believe so, yes."

"THE COMMISSIONER: I just want to know, I want to know what it was that they asked. They asked -- did they ask about the digoxin or did they ask about anything?"

"THE WITNESS: They asked about digoxin."



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H5 2 "THE COMMISSIONER: They asked if you
3 or anyone else?"
4 "THE WITNESS: Yes."
5 "THE COMMISSIONER: What did you say?"
6 "THE WITNESS: I said no."
7 Then Miss Cronk put the question:
8 "Q. Did they ask you as well, Ms.
9 Bell, whether you had seen any
10 individual giving any medication to
11 that child?"
12 "A. I think they did, I'm not sure."
13 "Q. Do you recall what you said?"
14 "A. I said, no."
15 Are you content with that evidence
16 of yesterday?
17 A. Yes, I am.
18 Q. So, I am suggesting to you
19 that the police when they met with you on the 24th
20 of April of 1981 gave you ample opportunity to assist
21 them by giving them the evidence that you gave us
22 in this courtroom yesterday for the first time.
23 A. They had asked me a specific
24 question about Allana Miller and I answered that
25 question. I don't know how I can answer questions
that they are not asking me.



1
H6 2 Q. Well, it seemed pretty speci-
3 fic what we just read that they were giving you
4 the opportunity to inform them --

5 A. They asked me -- well, could
6 we see the statement perhaps?

7 Q. Well, you are not suggesting
8 that everything that transpired in that interview
9 was recorded in the statement, are you?

10 A. It is my understanding that it
11 was.

12 Q. I see.

13 A. They were interviewing me,
14 so they were recording it.

15 MS. KITELY: Since the witness has
16 asked on two occasions to look at the statement,
17 might she be allowed an opportunity to look at it?

18 MR. HUNT: I have no objection.

19 THE COMMISSIONER: You have no
20 objection. All right.

21 MS. KITELY: Thank you, sir.

22 THE COMMISSIONER: Just a moment,
23 just a moment before you hand it to her. Mr. Labow?

24 MR. LABOW: Mr. Commissioner, before
25 the witness gets the statement, I would like to tell
my friend that if she looks at the statement I would



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H7 2 like to have an opportunity to see it.

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MS. KITELY: I understand, sir.

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THE COMMISSIONER: You are not object-
ing to the statement going to all counsel?

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MS. KITELY: Not this particluar state-
ment, no, sir.

14

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THE COMMISSIONER: Well, you can't
really take one position with one of them and another
one with another.

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MS. KITELY: Well, with all due
respect, sir, I am simply taking, if I might, your
position, which is, we will take it a step at a time,
and we are now dealing with a particular statement
about a particular child. Might we cross other
bridges when they arise?

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THE COMMISSIONER: Well, we can, but
I think we certainly would like to act on principle
though and if one statement goes in because it doesn't



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H8 2 hurt you, another one might well go in even though
3 it does.

4 MS. KITELY: There is no suggestion,
5 sir, that any statements would hurt.

6 THE COMMISSIONER: No.

7 MS. KITELY: The point is that this
8 witness has twice referred to a statement; she
9 ought to be allowed an opportunity to look at it.

10 THE COMMISSIONER: All right.

11 MS. KITELY: If my friend wishes to
12 look at it, I am not objecting at this point.

13 THE COMMISSIONER: Well, I take it that
14 the position of the Police is the same as it was
15 before?

16 MR. YOUNG: We have no objection,
17 Mr. Commissioner.

18 THE COMMISSIONER: Yes, Mr. Brown?

19 MR. BROWN: I think our position from
20 the beginning, sir, is that we have requested and
21 have not necessarily received any and all statements
22 which make reference to our client.

23 THE COMMISSIONER: Yes.

24 MR. BROWN: And that before the state-
25 ments go in we have an opportunity to review them
and if there are any matters raised in the statements



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H9 2 that we feel should not be introduced we would want
3 to have an opportunity to argue them at that point.

4 We have had this statement, so that
5 part has been satisfied. We have not seen necessary
6 to argue about the admissibility of certain portions
7 of it.

8 THE COMMISSIONER: But you have had
9 this one. I think the Commission Counsel have given
10 you all the statements in which your client's name
11 has been mentioned.

12 MR. BROWN: No, they have not, sir.

13 THE COMMISSIONER: No, they have not?
14 Oh, wait a minute, they have if they intend to
15 adduce any of the evidence, yes, but not all the
16 statements where your client's name is mentioned,
17 that's right.

18 MS. CRONK: Well, to assist my friend,
19 Mr. Commissioner, Mr. Brown is quite right. Certainly
20 that undertaking has been given and we are in the
21 process of complying with respect to his client. It
22 has been done in the case of other parties represented
23 by counsel at an earlier date. It is being done now
24 for his client.

25 THE COMMISSIONER: All right. Will
you just tell me about this statement?



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MS. CRONK: The position that you are searching for in the room was one articulated by Commission Counsel before, and that is, unless there was some particular relevant remark or comment attributed to the particular witness and a statement that went to the cause of death issue, Commission Counsel then and now do not feel that these statements should receive complete distribution.

THE COMMISSIONER: Can you tell me about this statement. Has this statement gone to any counsel?

MS. CRONK: Well, the counsel for the Police obviously have it but not from Commission Counsel. It is my understanding that Mr. Hunt has it.

THE COMMISSIONER: Yes, but has it gone to Mr. Brown?

MS. CRONK: No, sir.

THE COMMISSIONER: I thought you said you had it.

MS. CRONK: It has not been provided by us, sir, to anyone.

THE COMMISSIONER: But you have it?

MR. BROWN: Well, during the preliminary inquiry there was some disclosure by the Crown to us



H11 2 and this was one of the statements disclosed.

3 THE COMMISSIONER: But Miss Forster
4 has not?

5 MS. FORSTER: I haven't seen it, sir.

6 THE COMMISSIONER: Well then I think
7 what we will do is -- I don't know whether you have
8 to go into this matter now, do you? I think this
9 statement would have to go to Miss Forster before it
10 goes to anyone else, and this afternoon we may well
11 decide to distribute it to everyone.

12 MR. HUNT: Well, I could leave this
13 point. My point, I suppose I can complete without
14 really dealing with the contents of this statement.

15 THE COMMISSIONER: Well, no, no, I
16 am not saying it doesn't go to the witness. I am
17 not saying it doesn't go to the witness. If you have
18 to deal with some small portion of it, that's fine,
19 but all I am saying is that it now should go to
20 Miss Forster and we will consider what the position
21 is after we have heard from her, probably at 2:30
22 this afternoon.

23 MR. HUNT: I have no objection to
24 that.

25 THE COMMISSIONER: All right. Yes,
Mr. Young?



Bell
cr.ex. (Hunt)

H12

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MR. YOUNG: I am not objecting, Mr.

Commissioner. I simply point out that this witness made more than one statement and are we talking about all the statements or are we simply talking about the one statement concerning Baby Miller?

THE COMMISSIONER: Well, it depends on which one -- I am not -- you are asking about one statement, I take it you are talking about the statement that she made with respect to Allana Miller, is that right?

MR. HUNT: Yes, sir.

THE COMMISSIONER: That's the only statement we are dealing with at the moment, is that not right?

MS. CRONK: That was my understanding, sir.

MR. HUNT: That was also my understanding.

THE COMMISSIONER: All right.

MS. CRONK: Just before you make a ruling on the matter, sir, I would simply put this before you as well. The understanding that Commission Counsel had reached with counsel for Phyllis Trayner and others before you is that if there is contained in any statement that was given to the Metropolitan



H13 1
2 Toronto Police any comment that is either incriminating
3 or exculpatory of a particular party with standing
4 before you it would be provided. It was obviously
5 the view of Commission Counsel that this statement
6 did not fall within that category or it would have
7 been provided and because it is our view that it
8 does not, in my view it should not now be provided
9 unless your ruling is that it is going to have to
receive general distribution.

10 THE COMMISSIONER: Well, general
11 distribution means only to counsel at the moment for
12 use and we will see what happens.

13 MS. CRONK: I recognize that.

14 THE COMMISSIONER: Miss Kitley has
15 not objected to its production to counsel. All I
16 am saying at the moment is that it is to go to
17 Miss Forster because I am concerned about what her
18 position might be with respect to it. It is going
19 to the witness and no one has any objection to the
20 witness seeing it at the moment, subject of course
21 to the fact that she has seen it and that will re-
reinforce counsel's arguments that they should see it
as well. I am not making that ruling.

22 Now, you have the statement. Which
23 statement have you given, Miss Kitley?
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Bell
cr.ex. (Hunt)

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I'm sorry, you are not happy
obviously, Miss Cronk, yet?

MS. CRONK: No, I will see that Ms.
Forster gets a copy, sir.

THE COMMISSIONER: Yes. All right.

MS. CRONK: I just wanted to be
aware of why it had to be provided.

THE COMMISSIONER: Which statement
have you given to her?

MS. KITELY: I haven't given her any
yet.

THE COMMISSIONER: Well, there is one
with respect to Allana Miller.

MS. KITELY: That is correct, sir.

THE COMMISSIONER: All right, would
you give her that one to look at for the moment.

MS. KITELY: For the record, sir, it
is a handwritten document about five and a half
pages.

THE COMMISSIONER: Yes, all right.
Do you have that one now?

THE WITNESS: Yes, I do.

MR. HUNT: Q. All right. Have you
had a chance to look at it?

A. I have gone through it, yes.



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Q. All right. You would agree with me there is certainly no way that this purports to be a transcript of any interview?

A. It is notes from a statement that I gave.

Q. Right, not a transcript of any interview?

A. It's things that I said in my statement to the police.

Q. Things that you said?

A. Yes.

Q. My point is this does not purport to be a transcript of your entire interview, agreed?

A. I can't say now, it has been a few years.

Q. Well, look at it.

A. Well, I can't say if that is what I said word for word.

Q. Does that assist just by looking at it whether it appears to be a transcript of the interview?

MS. KITELY: Mr. Commissioner, my friend has asked the same question now three times and the witness has given her answer and, in my



H16 1
2 submission, he is bordering on badgering the witness.

3 MR. HUNT: Well, I must have missed
4 the answer if it was given, Mr. Commissioner.

5 A. I cannot say now if it is
6 word for word of what I said three years ago.

7 Q. I see. So, as far as you are
8 concerned, this may well reflect a transcript word
9 for word of what happened in your interview?

10 A. It could.

11 Q. I see. All right.

12 Have you seen it, Mr. Commissioner?

13 THE COMMISSIONER: Yes, I think I have
14 the one. This is the one in printing, is it?

15 MR. HUNT: Yes.

16 THE WITNESS: Yes.

17 THE COMMISSIONER: Yes, all right.

18 MR. HUNT: Q. All right. This is
19 the one that would appear to consist of a series of
20 one line, two line statements by you.

21 A. Some are longer. They are
22 divided up into sentences.

23 Q. All right. Well, can you
24 find one longer than one sentence?

25 A. They are divided into sentences.

Q. Anywhere in there do you see



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reference by you to the fact that Phyllis Trayner
was seen by you administering some medication
at approximately midnight to Allana Miller?

A. There is no reference to that,
no.

Q. And you have indicated yester-
day to the Commissioner that you believe that you
were asked whether you had seen any individual giving
any medication to the child and your answer to that
question was no.

A. I think it was clarified --

Q. Now, what you are telling
me --

MS. KITELY: The witness didn't get
an opportunity to answer the question.

THE COMMISSIONER: Yes, all right. I
think you did have something else to say. You
had started to say it.

THE WITNESS: I had said sometime
later or sometime along Ms. Cronk's discussion that
I wasn't sure exactly what I had been asked.



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Q. Well, is what you are telling us that you weren't given the opportunity by the police on the 24th of April to give them that piece of information if you had wanted to?

A. It never entered my mind so I wouldn't have the desire to give it to them.

Q. It may never have entered your mind, Mrs. Bell, but you are not suggesting that you weren't given the opportunity when you were discussing the death of Allana Miller to tell that to the police?

A. I guess the opportunity was there but I wasn't asked specifically.

Q. So you would like to take back your evidence from yesterday then that you were ever asked whether anybody - you had seen anybody else giving medication to Allana Miller; is that right?

A. I was not asked specifically if I had seen anybody giving any medication to Allana Miller.

Q. All right.

A. It was with reference to digoxin.

Q. And you remember that?



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A. I said that yesterday.

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Q. You said that you weren't
sure yesterday and now I am taking from what you
are saying that you would like to take that back
and tell us that you weren't asked specifically.

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A. Going over my statement, I
wasn't asked specifically if there was another
medication.

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Q. Did you take any notes yourself
of that interview?

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A. No, I didn't.

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Q. So your changing your
position on that is based simply on the fact that
in your statement you see no indication that you
were asked specifically about anyone else giving
medication?

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A. I don't know if I am changing
my position from yesterday.

Q. Well, you seem to be to me,
with respect. You seem to be saying now that you
are quite satisfied you were never asked whether
you saw anybody giving any medication to Allana
Miller.

A. That is right.

Q. So yesterday if you weren't



1
2 sure about that and you indicated that - at page 2491:

3 "Q. Were you asked whether any
4 other individual had administered
5 any medication to that child?

6 A. They had asked if I had or
7 if anybody else, I believe so, yes."

8 Would you like to change that now
9 to you were not asked whether anybody else gave
10 medication to Allana Miller that you saw?

11 A. Going over the statement,
12 the question is there as to what the question was
13 asked.

14 Q. I beg your pardon?

15 A. Going over the statement, the
16 question on the statement is did I at any time
17 administer digoxin to Allana Miller was the
18 specific question.

19 MS. KITELY: Mr. Commissioner, if
20 I might interject I think if my friend is going to
21 put that question and that answer to the witness
22 again he has to put the question and answer further
23 down the page to her.

24 THE COMMISSIONER: Well, I think it
25 has been put enough times now, hasn't it?

MS. KITELY: I agree, sir, but



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my friend has isolated that question and that answer again, and it is unfair to the witness to do it in isolation. A later question --

THE COMMISSIONER: Is this the one "Did they ask you as well, Miss Bell, whether you had seen any individuals giving any medication to the child?"

MS. KITELY: And the answer is "I think they did, I'm not sure."

My submission only is that the two questions have to be read together.

THE COMMISSIONER: Well, she said up above:

"They had asked if I had, or if anybody else, I believe so, yes." and

"I think they did, I'm not sure." is pretty similar, do you not think? Apparently not.

MS. KITELY: No, sir.

THE COMMISSIONER: All right. Very well. There is subtle distinction there.

MR. HUNT: Q. You have heard it read and my question to you simply is are you now changing that evidence and you are telling us categorically you remember that you were never asked whether anybody else gave medication to Allana Miller?



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A. I'm sorry. Could you say
that again?

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A. I wasn't asked specifically
whether I had seen any other medication given.

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Q. You remember that now that
you weren't asked specifically?

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A. In going over the statement,
yes.

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Q. The thing that has refreshed
your memory on that is that you have now gone over
your statement of the 24th?

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A. That is right.

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Q. As far as you are concerned
this may be, this document may represent a
verbatim transcript of the whole interview?

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A. It could.

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Q. I see.

I am going to suggest to you, Mrs. Bell,



Bell, cr.ex.
(Hunt)

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that you had an attitude of not going out of your way to co-operate and assist the police and that that attitude of yours continued right from the outset when you met these officers for the first time right through to the preliminary hearing when you gave your evidence. Do you agree with that?

A. No, I don't.

Q. All right. I'm going to suggest to you that when you gave your evidence before his Honour Judge Vanek at the preliminary hearing that you were not about to volunteer anything that you weren't specifically asked?

A. It was not my intention not to volunteer things I hadn't been specifically asked. It wasn't a conscious effort on my part.

Q. Well, did you tell his Honour about the concern that existed about Phyllis Trayner calling the Code 25's too early?

A. I don't believe I did.

Q. I don't believe you did. Did you tell his Honour about the concern about Phyllis Trayner taking control of the resuscitation efforts and causing concern to you and your team members?

A. That point caused concern in the early months, in the early summer months and



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perhaps into the early fall.

Q. All right.

A. No, I did not mention it.

Q. And did you tell his Honour that you saw Phyllis Trayner administering a medication to Allana Miller at approximately 12 o'clock shortly before she died?

A. I didn't make much of it until I was specifically asked.

Q. All right. I take it then from your last answer that your position is you were specifically asked the question and you answered it and you told his Honour about Phyllis Trayner administering medication?

A. I was asked that, yes.

Q. All right. Let's look again because you can perhaps be refreshed on this.

Volume 7 of the preliminary hearing, and I am afraid I don't have a copy of this for the witness, but it is not long. This was evidence you gave I believe on February 1st of 19--

THE COMMISSIONER: Just a moment, please.

MR. HUNT: 1982.

THE COMMISSIONER: We are getting



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and extra copy.

MS. KITELY: I think the witness
has one.

THE WITNESS: I have Mrs. Trayner's.

THE COMMISSIONER: This is Mrs. Bell's.

MS. KITELY: Well, she has a copy
of that too. She may not know it but she has.

THE COMMISSIONER: We will have to
get a librarian for you, Mrs. Bell.

MS. KITELY: What page is it,
Mr. Hunt?

MR. HUNT: 1597.

Q. All right, let's see what
you were first asked specifically. This is when
you were being examined in chief by Mr. Magee
the Crown Attorney.

A. That is right.

Q. And he says at line 10:
"Did you ever give her (that is Allana
Miller) anything, ever feed her any-
thing?"

A. No.

Q. Did you ever give her any
medication?

A. No.



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"Q. Did you see anybody else feeding her or giving her medication?

A. No."

Now would you agree with me you were specifically asked by Mr. Magee the Crown Attorney did you see anybody else feeding her or giving her medication and you responded no.

A. That is what I responded.

Q. That is pretty specific.

A. Yes.

Q. All right. Can we take it that Mr. Magee must have been interested in the answer to that question or he wouldn't have asked it?

A. That is right.

Q. All right. Now we will go over to page 1660. You are being cross-examined by Mr. Cooper, and this is the passage that my friend Miss Forster read to you this morning and I will start over at the last question page 1659:

"Q. All right. Now Allana Miller was not on constant care?

A. No.

Q. Is that right? Apparently at one point Phyllis Trayner did an apex on Allana Miller. That's within the



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"realm of expectation?

A. Yes.

Q. Right. At one point Phyllis Trayner gave gentamicin to Allana Miller and that could be expected having regard to Susan Nelles' preoccupation with Cook?

A. Yes."

Now is that what you are suggesting was your specific question about Phyllis Trayner, you seeing Phyllis Trayner giving something to Allana Miller and your answer?

A. Yes, it is.

Q. Well, I am suggesting to you that your answer to that question was an answer as to whether or not the giving of gentamicin to Allana Miller by Phyllis Trayner could have been expected having regard to Susan Nelles' preoccupation with Cook.

Wouldn't you agree with me that is obvious?

A. No, I don't.

Q. I see. So when you were - when that statement was put to you by Mr. Cooper that was your effort to tell the Court what you



I.11

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2 told this Commission yesterday; is that right?

3 A. That is right.

4 Q. Well, at the very least
5 would you suggest to me that you fell far short of
6 the mark?

7 A. I don't know what you mean.

8 Q. Well, if that was your effort
9 to tell his Honour Judge Vanek what you told this
10 Commission yesterday, you fell far short of the
11 mark?

12 A. Mr. Vanek was aware of the
13 gentamicin being given to Allana Miller.

14 Q. Sure he was aware that Phyllis
15 Trayner had testified to the fact that she gave
16 gentamicin to Allana Miller. We are all aware of
17 that.

18 A. But I wasn't aware of it at
19 the time.

20 Q. But where in there do you make
21 reference to the fact that you saw it at a particular
22 point in time?

23 A. He asked at one point if Phyllis
24 Trayner gave gentamicin to Allana Miller, and then
25 he goes on, that could be expected having regard to
Susan Nelles' preoccupation with Cook and I answered



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yes. I answered yes to the fact that I had seen her give an antibiotic, whether it be gentamicin or not, and then "yes" to the fact that that would be within her realm of duties.

Q. I see. And all of that was contained in your answer "yes"?

A. That is what I answered.

Q. So when you finished with that series of questions and answers you were satisfied in your mind that you made it known to everybody that at approximately midnight --

A. I didn't specify a time.

Q. Just let me finish.

At approximately midnight the night of the 20th you had seen Phyllis Trayner alone in Allana Miller's room administering some medication to the intravenous apparatus. Is that what you were satisfied of when you had given that answer?

A. I had said "yes" to the fact it was within Phyllis Trayner's realm to do this, to give an antibiotic, whether it be gentamicin as he had said or whatever, that I had seen.

Q. Did you say I don't know if it was gentamicin?

A. I didn't say that, no.



I.13

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Q. No.

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A. But I assumed it was an anti-
biotic and gentamicin is an antibiotic.

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Q. Well, I am suggesting to you
that you really weren't about at the preliminary
hearing to apply your mind to this issue the way you
did here yesterday.

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A. There was some issue made
of it here yesterday. We went into it in much
greater detail yesterday.

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Q. If you had wanted to raise
the issue then for the Court at a preliminary hearing
that was the spot to do it I guess because you had
it in mind.

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A. I don't know what you mean
by "issue".

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My feeling is an issue, it didn't
seem like an issue to me. That was just noted that
Phyllis Trayner had given her the gentamicin. It
was not made out to be an issue.

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Q. All right. Let's look at
what information you may have given with respect
to some of the other aspects of your evidence here.

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You told us yesterday with respect
to the meeting at Liz Radojewski's house on March



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25th, and I am referring to pages 2470 and 2471 that essentially there was a discussion at the meeting about the death of Pacsai, the coroner's investigation and what could be expected? Right?

MS. KITELY: Could the witness be given an opportunity to find the page, Mr. Hunt?

MR. HUNT: Well, I don't propose to read it. If the witness can't remember what she said yesterday she could indicate that and then we will read it.

MS. KITELY: Mr. Commissioner --

THE COMMISSIONER: Well, no, but she doesn't have to read it. She can answer that question, surely. That is not - she is not being asked the specific question. He was asking about the general conversation; isn't that right, at the moment?

MR. HUNT: Yes.

THE COMMISSIONER: I think she can answer that.

MS. KITELY: My friend did offer those pages to her.

THE COMMISSIONER: Yes. All right.

MS. KITELY: She ought to be entitled to look at them without being asked the



I.15

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question immediately she turns the page.

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THE COMMISSIONER: Yes. All right.

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Well, it is a general question and you can answer

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if you can remember what the general question was,

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and I think it was whether there was some discussion

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about Kevin Pacsai and what else?

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MR. HUNT: Q. Suggesting that the

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witness told us yesterday that essentially at this

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meeting there was a discussion about the death of

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Kevin Pacsai, the coroner's investigation, and what
would be expected of you?

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A. That is right.

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Q. All right. And you didn't

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volunteer that to Judge Vanek, did you?

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A. No, I didn't.

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Q. You told Judge Vanek, and I

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am referring to the preliminary hearing, Volume 7,

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page 1621, and I will read it all if my friend wants,

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but I am going to summarize it and if my friend

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wants it read I will read it, but you told Judge

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MS. CRONK: 1621.

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THE COMMISSIONER: 1621? Yes,

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all right.

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MR. HUNT: Q. You told his Honour

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that basically what was discussed was the nurses'
feelings and you couldn't remember if there was
any discussion about the babies that had died.



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A. That died on that weekend.

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Q. Well, maybe we had better

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read the question then. About line 7:

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"Q. Well, what was discussed at
the meeting?"

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"A. Basically our feelings."

7

"Q. Yes."

8

"A. Just the restrictions that were
placed on us but there was no reason
given why."

9

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"Q. No reason was given?"

11

12

"A. No. And that it couldn't be
discussed."

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"Q. All right. Do you recall
Susan Nelles saying anything at the
meeting?"

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16

"A. Only she was upset as we were."

17

"Q. Yes."

18

"MR. COOPER: I am sorry, she was
upset as we were?"

19

20

"MR. McGEE: She was as upset as we
were."

21

"Q. What did Susan say?"

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"A. She couldn't understand she

23

wasn't to go in that Sunday night. Her

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Bell
cr.ex. (Hunt)

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team really didn't know the real
reason why and they were upset at
that."

"Q. Did she say anything else?"

"A. No."

"Q. Was there any discussion about
any of the babies that had died?"

"A. I don't remember."

"Q. You don't remember?"

"A. No."

That is fairly clear, isn't it?

A. Yes, it is.

Q. So you told us yesterday that
the discussion centred around the death of Kevin
Pacsai, who you would agree with me is one of the
babies who died?

A. The discussion had not centred
around that. That is one of the things that was
brought up.

Q. I'm sorry, but yesterday you
said at page 2470:

"A. Essentially that there was a
discussion about a Coroner's investiga-
tion, an inquest. None of us had been
involved with any kind of an inquest.



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We had questions what was involved and
what was expected of us."

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"Q. Did you know which child the
inquest was to concern?"

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"A. The concern seemed to be about
Kevin Pacsai."

7

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"Q. Was that the first time that
you had heard about a Coroner's
investigation concerning Kevin Pacsai?"

9

10

"A. Yes, it was."

11

I am suggesting to you that you did
not volunteer that information to Judge Vanek.

12

13

A. I didn't.

14

Q. You said you didn't remember
whether there was a discussion about any of the
babies who had died.

15

16

A. That's right.

17

Q. I am suggesting to you that
you were not trying too hard to remember what was
discussed at that point in time when you were testi-
fying at the preliminary hearing.

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A. When I was testifying at the
preliminary hearing, the preliminary hearing was
into four specific -- four deaths of four children
and one of them was not Kevin Pacsai.

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Bell
Cr.ex. (Hunt)

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Q. You told us yesterday as well, and I am referring to page 2472 and following, that you believed at the meeting that there was concern expressed regarding the digoxin levels of Kevin Pacsai and that you learned from that meeting that it was elevated. Do you agree with that?

A. Correct.

Q. And back at the preliminary hearing you were asked specifically by Mr. McGee, the Crown Attorney, at page 1621 and 1622, at the bottom:

"Q. Was there any discussion about digoxin, the digoxin levels in the babies?"

"A. No digoxin levels. We didn't know why exactly they were locking up the digoxin now."

"Q. Yes."

"A. And we were just wondering the reason behind it."

I suggest to you that you didn't volunteer the information about the concern over the digoxin levels to His Honour Judge Vanek when you testified there?

A. Not about Kevin Pacsai, no.



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Q. You were asked specifically whether there was any discussion about digoxin levels in the babies.

A. I assumed he meant of the four children that the preliminary hearing was about.

Q. I suggest to you again that you were not trying too hard to remember what transpired at the meeting when you were giving your evidence at the preliminary hearing.

A. I was trying to answer the questions as they would pertain to the four children that they were investigating.

Q. Now, you told us yesterday, and I am referring to page 2472:

"A. There was a brief discussion of the children..."

Miller and Cook

"...that had died on the weekend..."

A. Right.

Q. And as we have seen, you told His Honour at the preliminary hearing, at page 1621, that you couldn't remember if there was any discussion about the babies that had died.

A. I couldn't remember that, but the concern was the changes that had been made were



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made after those children had died.

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Q. You told us yesterday that it was either Liz Radojewski or Mary Costello, you couldn't be sure which, who had suggested that you keep notes.

A. That's right.

Q. And at page 1622 you were asked a question by Mr. McGee at line 15:

"Q. Was there any discussion about any of the people getting legal assistance that you recall?"

"A. No. It was just suggested to us that we record what had happened those nights."

"Q. You record what had happened those nights?"

"A. Yes."

"Q. And who suggested that?"

"A. I don't remember."

You didn't tell Judge Vanek that it was one of Miss Costello or Miss Radojewski who suggested it, did you?

A. Well, I didn't know which one did specifically, and he was asking for someone who had specifically told us.



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Q. Well, I suggest to you that your attitude at the time of the preliminary hearing was that you would answer the questions but that you were not about to volunteer any more than what was specifically asked of you.

A. I don't think that was my attitude, no.

Q. Well, I am going to further suggest to you that after the preliminary hearing, after you had given your evidence at the preliminary hearing, your attitude changed from one of not volunteering information to the police to one of an open hostility towards the police.

A. I was unhappy with the circumstances around the preliminary hearing, yes.

Q. I didn't use the word "unhappy". I suggest to you that your attitude changed to one where you were openly hostile to the police.

A. I don't think I was openly hostile, no.

Q. Well, you told us yesterday that when you were contacted during the preliminary hearing, about a month after you had finished your evidence to the police, they asked you if you would



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be interviewed by them with respect to other babies,
and you said, no.

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A. That is right.

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Q. And I think your answer at
page 2505 through to 2507 was to the effect that
you felt you had been at the preliminary hearing
and that is what was under investigation and you
were not really given any reason as to why you had
to go over my charts.

10

A. That's right.

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Q. Well, I suggest to you that
when the police officer called you in March of 1982
and that it was on March 10, 1982, does that
accord with your recollection as to approximately
when it would have been?

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A. It could have been, yes.

Q. And that it was an Officer

Hulcoup that phoned you. Does that strike a bell
with you?

19

A. Yes.

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Q. And he told you he would like
to interview you re other unexpected deaths on
Wards 4A and 4B?

23

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A. Right.

Q. And that you told him at that



J9 1
2 time you thought you had given your evidence and
3 you had been interviewed several times and you were
4 sick of it and there was no way you were going to
5 talk to the police. Does that accord with your
6 recollection?

A. That is reasonable.

7 Q. And he explained to you at
8 that time that he was interviewing all the nurses
9 to see what they could recall about the other deaths.
10 Does that seem reasonable to you?

11 A. I could have.

12 Q. Well, I suggest to you that
13 he gave you an explanation when he called, and that
14 is, these are other deaths that we are looking into
15 and they were seeking your help for it.

16 A. I didn't understand why. My
17 understanding was that there was an investigation of
18 four children who had died on 4A/B.

19 Q. Are you telling us that when
20 the officer called you in March, what you thought he
21 was saying to you was he wanted to go over the
22 deaths, the four deaths that were the subject matter
23 of the preliminary hearing?

24 A. No, obviously not, but that
25 was in my mind under investigation.



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Q. And you were not about to

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get into anything else with the police at that point?

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A. Not at that point, no.

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Q. Well then I think you said

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that eventually you looked at the charts sometime

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later in the summer, and I think your evidence is

8

at page 2525 to 2529 that would be late in the summer

9

of 1982; is that right?

10

A. Right.

11

Q. And you were asked by the

12

Commissioner at page 2528:

13

"...why the change of heart?"

14

Do you recall that?

15

A. Yes.

16

Q. And you said, at line 13:

17

"THE WITNESS: By then the investiga-

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tion as to the number of children

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involved had broadened. I knew that

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they were investigating more children

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than the four that Susan was arrested

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on, and it was also arranged through

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the Hospital that I speak with the

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police as well."

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Now, does that accord with your

recollection?



J11

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A. Yes, it does.

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Q. So what you apparently became

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aware of by late August of 1982 was that the

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investigation had broadened and you knew they were

6

investigating more children than the four deaths

7

Susan was charged with?

8

A. By then the preliminary hear-

9

ing was over and it was a very open thing by the

10

media that, yes, they had broadened it quite --

11

Q. Well, I put it to you that

12

you knew that back in March of 1982 when the police

13

phoned you and said they wanted your assistance, if

14

you could give it with respect to these other deaths

15

they were investigating.

16

A. But at the time I didn't

17

understand how that affected the investigation of the
four deaths.

18

Q. And before you were prepared

19

to give any help you wanted the police to account

20

to you for what it was they were investigating and

21

how they were doing it.

22

A. I felt it was reasonable.

23

Q. And so then you had a meeting,

24

I think you said, in the late summer of 1982?

25

A. I believe it was August, yes.

Q. Would August 27th sound about



J12

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right?

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A. That's right.

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Q. And you met with the police
where, at the Hospital?

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A. Yes, I did.

6

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Q. And it was an Officer Pulford
and an Officer Dick?

8

A. It could be, yes.

9

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Q. And did you give them all
the help that you could at that meeting?

11

A. No, I don't think I did.

12

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Q. If the officers recall that
you couldn't remember any of the babies and that
you were surly, sulky and nervous and your position
was you couldn't help the police, would you disagree
with that?

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A. I was given a number of charts
to go over, I was taken away from the ward and there
was no one to cover the children that I was looking
after on the ward and I was upset at having to talk
to the police. I think that is a normal reaction,
I think.

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Q. So I take it from that answer
you agree that if the officers recollect that at that
meeting you couldn't remember any of the babies, you



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were surly, sulky, nervous and your position was you couldn't help the police, you don't disagree with that?

5

A. I can disagree with some of those words, yes.

6

7

Q. Well, what, you don't think you were surly?

8

A. No.

9

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Q. You don't think you were sulky?

11

A. No, I wasn't.

12

Q. What about nervous?

13

A. Nervous, yes.

14

Q. Your position certainly was you couldn't help the police?

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A. I had a number of charts placed before me and I didn't feel I had the actual time to go over all those charts in the period of time that I was expected to. There was, as I recall it, pressure, you know, to give an answer.

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MR. ROLAND: Mr. Commissioner, just so we can understand what Mr. Hunt is doing. He is talking now about the time after the preliminary and the police's own ongoing investigation.

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THE COMMISSIONER: Yes.



J14

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MR. ROLAND: That in itself is not a subject matter of this Inquiry. If it connects in some fashion to the subject matter of this Inquiry, that will be useful to us, but in itself it isn't.

THE COMMISSIONER: We are not drawing as fine a line at this time as we once were because we are coming very close to the end of Phase I and I don't want to have to call these witnesses back. I thought that had been made clear somewhere along the line.

MS. CRONK: I don't think, sir, that that was Mr. Roland's point. The meeting with this witness that Mr. Hunt is referring to took place after the discharge --

THE COMMISSIONER: Oh, it is after the discharge itself.

MS. CRONK: You will recall, sir, that during the examination in chief of this witness there were no questions asked about the meeting after that date.

THE COMMISSIONER: Yes, I'm sorry. I missed the point of your objection, yes.

MR. ROLAND: If Mr. Hunt can tell us in some material way that this connects to the subject matter of your Inquiry, that may be another matter.



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THE COMMISSIONER: Well, it might connect in that -- no, the earlier part that was obviously relevant.

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MR. ROLAND: Yes, but I'm just dealing with this latest interview and this line of questioning of Mr. Hunt's that seems to me to be beyond your mandate.

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THE COMMISSIONER: What do you have to say to that?

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MR. HUNT: Well, sir, it is apparent that from the point of view of the Police and the Crown Attorneys' evidence given to you yesterday with respect to this witness having seen Phyllis Trayner administering a medication to Allana Miller's IV apparatus at approximately midnight before she died is most relevant.

THE COMMISSIONER: Yes.

MR. HUNT: And the fact that that was not conveyed to the Police at an early stage or to the Crown Attorneys' at an early stage or even at the preliminary hearing is most relevant. This witness' entire attitude towards the police investigation in my submission is relevant to you in assessing the significance of the fact that that piece of information was not advanced at a point in time considerably



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earlier than yesterday in this courtroom and it is for that purpose that I am exploring with this witness her entire attitude towards the police investigation up until presumably yesterday in this courtroom when for the first time she gave evidence that she had never given before.

THE COMMISSIONER: Well, I would certainly think that whatever she did or did not say at any time is relevant but I think that Mr. Roland's point is that we now seem to be discussing what her attitude was to the police at this time after the close of the investigation that I am investigating, if you like.

MR. ROLAND: Mr. Commissioner, what Mr. Hunt says troubles me very much because he intends presumably through this witness and I guess with others to explore their attitude to the investigations up until the time they give evidence here and that seems to me it is going to draw the exercise out extraordinarily and people's attitudes change. It seems to me that what may be relevant is her attitude up to the time that Susan Nelles was discharged but beyond that it is irrelevant to this exercise. As you say, she has given her evidence that she didn't tell the police up until yesterday and that's a factual



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matter that is before you and Mr. Hunt now seems to be trying to gild the lily with a whole lot of evidence that is irrelevant.

THE COMMISSIONER: Well, I'm sorry, Mr. Young stood up a little while ago and he got tired standing.

MR. YOUNG: That's true. I support my friend Mr. Hunt and I should tell you that we fully intend to delve into this area. The reasons that we would do so are twofold, Mr. Commissioner. The first is that it relates to something that happened within the realm of the second phase of this investigation and that is that request made on March 10th.

THE COMMISSIONER: Yes. Well, all that is obviously relevant, yes.

MR. YOUNG: And the second is, as Mr. Hunt explained, this witness' attitude from start to finish which affected the police investigation and the credibility that perhaps you should attach to some pieces of this witness' evidence.

THE COMMISSIONER: Yes. Yes, all right now, Mr. Brown?

MR. BROWN: Well, in some ways I support and in some ways I disagree with Mr. Hunt.

In terms of the specific questions he's



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asking about attitude, I see some weight in Mr. Roland's submission. However, with respect to facts which were not asked of this witness prior to the arrest and prior to the discharge have suddenly popped into the mind of the police later. I submit that that is relevant to Phase 2 and we certainly intend to pursue that area of questioning.

THE COMMISSIONER: Well, before you go any further I'm going to allow the questions to continue and for none of the reasons that have been advanced so far, mainly because I think that any questions relating to this witness' dealings with the police may be relevant either to the first or to the second issue but I want you to bear in mind that Mr. Roland is certainly right that I have no mandate to investigate what took place after the discharge of Susan Nelles.

MR. HUNT: Yes, I agree.

THE COMMISSIONER: So, I don't want you to concentrate on it, I just want you to make whatever point you can make and then we will go back to where we belong.

MR. HUNT: Thank you, sir. I just want this evidence to be taken with you along with the evidence of what transpired directly during the



K.5

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period under consideration.

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THE COMMISSIONER: Yes.

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MR. HUNT: Q. Well now, the police
didn't give up in their efforts to speak to you after
August 27th of 1982, did they?

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A. No, they didn't.

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Q. And from time to time they
requested that you meet with them to discuss matters
with respect to other children?

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A. That's right.

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Q. And I think you did meet with
them on Tuesday the 16th of November of 1982 at your
home, did you not?

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A. Yes, I did.

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Q. And that was for a total period
of about a half an hour, wasn't it?

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A. I believe so, yes.

20

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Q. And they sought to speak to you
again following that at the Hospital in January of
1983, did they not?

22

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A. Yes.

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Q. And an appointment was arranged
for you to meet with them on January 10th?

25

A. There wasn't - at the time there
wasn't a set appointment arranged as far as I knew.



K.6

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Q. Well, would it surprise you to know that the police expected that you were coming in at 7 o'clock in the evening to speak to them?

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A. No, because they had come up to the ward.

6

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Q. Did you go?

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A. No, I couldn't go.

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Q. Did you call them to tell them you wouldn't be there?

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A. I had just gotten there some time between 7 and 7:15 and I was just in the process of getting report on the children. I was in a constant care room and they had come up to the ward and as far as I knew a note had been left to me saying, if you can meet with them please call them. So, I didn't really have time to call them, no.

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17

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Q. So, I guess if the note had said if you can't meet with them call them and you probably would have called them?

19

A. It was to arrange a time.

20

Q. So, in any event, they came up to speak to you at the ward?

21

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A. That's right.

23

Q. Is that right?

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A. Yes.

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K.7

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Q And your position to them at that point was that you were going to be too busy until after midnight to speak to them?

A That's right.

Q And they offered to come back after midnight did they not to speak to you?

A I don't believe they did.

Q Well, if their recollection is that they were prepared to wait until midnight in order to speak to you and that they conveyed this to you are you prepared to disagree with that?

A No.

Q In any event, the upshot of that was that they left with you a list of names of babies and a series of questions with respect to those babies, is that right?

A That's right.

Q And you were going to answer those questions and return it to them in a week?

A A week to ten days, yes.

Q So, this was going to be sort of written answers?

A Yes, it was.

Q So, by this point in time they were trying to get answers from you by correspondence I take it?



K.8

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A. Yes.

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Q. And then finally they arranged

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to speak to you I think on the 19th of January of 1983?

5

A. I guess so, yes.

6

Q. And this took place at the

Hospital?

7

A. At my home.

8

Q. At your home. And they wanted

9

to discuss with you the babies that were on the list

10

and the questions that they had with respect to their

11

deaths?

12

A. That's right.

13

Q. And would it be fair to say

14

that in the main you told the police on that occasion

15

that with respect to the majority of those babies

16

that you simply didn't remember anything?

17

A. I didn't have the charts there.

18

Q. Well, are you suggesting that

19

the police didn't offer you the opportunity to look

20

at the charts?

21

A. They had offered it afterwards,

yes.

22

Q. And you didn't want to look at

23

the charts, did you?

24

A. I said I would go over the charts

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K.9

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of the 4B children.

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THE COMMISSIONER: I'm sorry, I missed

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that?

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THE WITNESS: They had offered to go

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over the charts later on and I had offered to go over

7

the 4B charts because those are the ones that I would

8

be more familiar with since three years had passed,

9

almost three years. Plus, I also offered to go over

10

that previous thing.

MR. HUNT: Q. I'm sorry?

11

A. I had also offered to go over

12

some testimony and perhaps that could refresh my

13

memory a bit as well.

14

Q. Well, would you disagree with

15

the police if they suggested that with respect to

16

many of the babies you wouldn't even listen to their

17

statement of facts or their statement of facts about

18

the shifts you were on before you told them that you

19

didn't know anything about it?

A. I didn't feel that telling me

20

what time I was on would have helped, I felt it would

21

have helped to go over the charts.

22

Q. Well, I suggest to you as well

23

that you didn't agree to look at any of the charts

24

the first time they extended that opportunity to you?

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K.10

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A. That's right.

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Q So, it was later you finally

4

agreed to look at some of the charts?

5

A. That's right.

6

Q Did you do that?

7

A. After this?

8

Q Yes.

9

A. No, I didn't.

10

THE COMMISSIONER: I'm sorry, you said
you agreed to look at the charts but then you didn't
look at the charts?

11

12

THE WITNESS: They said they would
contact me.

13

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THE COMMISSIONER: Oh, I see.

15

THE WITNESS: I was waiting for their
contact.

16

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MR. HUNT: Q And they never got back
to you?

18

A. No.

19

20

Q Well, Mrs. Bell, I suggest to
you that it is obvious that you are trying to be more
helpful here at this Commission than you have been
in your dealings with the police and in your
testimony at the preliminary hearing. Would you
agree with me?

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K.11

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A. No, I don't.

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Q. Would you agree with me that you have certainly given us at this Commission much more information than you ever gave to the police or that you ever gave in your evidence at the preliminary hearing?

7

8

A. Yes, but I have had an opportunity to go over the charts.

9

10

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Q. No question, you have now ---

A. And I have had an opportunity to discuss things as well.

12

13

Q. You now have a counsel to assist you.

14

15

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A. I think the main thing is that I have had an opportunity to go over the charts and been able to really sit down and read the charts and think about the events.

17

18

Q. Right. Well, you have taken the time.

19

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A. I have now.

Q. To do that kind of preparation?

A. Yes.

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Q. And you have had the assistance of counsel to help you go through and look at the important features?



K.12

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A. More or less, I suppose.

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Q. And you have had the assistance of counsel in giving your evidence, and I don't suggest anything inappropriate, I suggest in helping you to get your evidence across in the most effective way?

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A. That's right.

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Q. So, the net effect is that in the last three days insofar as the evidence you have given to this Commission is concerned it comes after much more thought and effort on your part in order to best recall the events that occurred from July of '80 to March of '81?

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A. More work has gone into this.

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Q. All right.

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A. But since then too there has been some discussion of things and that could bring something to mind as well.

Q. Sure, I don't disagree with that.

Would this be a convenient time, sir?

THE COMMISSIONER: Yes, all right, until 2:30.

--- Luncheon recess.



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--- on resuming at 2:30 p.m.

THE COMMISSIONER: Yes, Miss Forster?

MS. FORSTER: I reviewed this witness' statement with respect to Allana Miller over the lunch hour, and I have no difficulty with --

THE COMMISSIONER: Yes. Have we got copies available, Miss Cronk?

MS. CRONK: Copies are being made, sir, and they are being brought down.

THE COMMISSIONER: Yes. All right. That solves that problem.

Yes, Mr. Knazan?

MR. KNAZAN: Mr. Hunt has permitted me to interrupt his cross-examination.

I have a question for you which you need not answer. It is somewhat of importance to me. I am asking to clarify something in your judgment of several months ago in view of the evidence that has emerged and the decision of the Divisional Court. You gave your judgment on the question of naming names, and you said, "Where the evidence justifies it I intend to identify the administrator..."

As I consider my client's position as to the Divisional Court's decision, I would like to know if you are able to tell me whether you were



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contemplating in your report making a finding such as, "I find that the deaths were caused by an overdose of digoxin. I am unable to identify the administrator, that the only two persons who were on for all five deaths were as follows", and name them.

I think you can see the concern I have. I am not sure if you are interested in helping me.

THE COMMISSIONER: Yes. Well, I am not going to answer the question now, but I am going to answer it probably after a while and you may find the answer satisfactory. That is about as mysterious as I can be.

MR. KNAZAN: Fine. Thank you.

THE COMMISSIONER: All right.

Yes, Mr. Hunt.

MR. HUNT: Q. Now, Mrs. Bell, I wanted to go back to something that we discussed before the lunch recess. You will recall that I was taking you through some of the evidence that you gave here yesterday, and I was comparing it to some of the evidence that you gave before His Honour Judge Vanek at the preliminary hearing.

A. Right.

Q. And in particular I was



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referring you to some evidence concerning what was discussed at the meeting at Liz Radojewski's house on March 23rd, and I was referring to page 2470 of Volume 99, which I summarized I think as follows: I said that there you told us that essentially there was a discussion about the death of Pacsai and the Coroner's investigation and what would be expected, and I believe you agreed with that as a fair summary of what you said.

Then I drew your attention to the preliminary hearing, Volume 7, page 1621, where I put to you that you hadn't told that to Judge Vanek and when asked the question, was there any discussion about any of the babies that had died, your answer was, "I don't remember."

Do you recall that exchange?

A. Yes.

Q. And then you went on to indicate, and I confess that I missed it at the time, you went on to indicate that at the time you testified at the preliminary hearing, when you didn't raise the fact that Kevin Pacsai had been discussed at Radojewski's house --

A. Right.

Q. -- you had been directing your



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cr.ex. (Hunt)

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mind to specific charges that were being considered
at the preliminary hearing.

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A. Right.

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Q. You went on to say that your
explanation for not raising Pacsai was that Pacsai
wasn't one of those.

7

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A. Wasn't the one that I was
involved in when I was directly on the ward.

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Q. Well, you are not suggesting
that Pacsai wasn't one of the children into whom
the preliminary hearing was considering whose death?

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A. It wasn't one of the ones that
I was there for. It was -- the preliminary hearing
was for that.

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Q. You knew when you went to
the preliminary hearing one of the charges related
to Kevin Pacsai?

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A. Yes.

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Q. So it didn't surprise you
to find that the questioning related to Kevin Pacsai
as well as to others?

A. Right.

Q. So it wasn't a case that at
the preliminary hearing Kevin Pacsai was not one of
the deaths that was something that was of concern



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AA5 2 to everybody there?

3 A. Well, obviously it was a
4 concern to everyone there, but I couldn't give
5 firsthand evidence because I was not present when
6 he had died. And what I heard was just at Liz'
7 house.

8 Q. Now we have heard from Nurse
9 Carol Browne that there was as between Susan
10 Nelles and Phyllis Trayner a conflict that involved
11 problems trusting one another, delegating authority
12 and respecting the other person's role on the ward.

13 A. Right.

14 Q. Now are you aware of that?

15 A. I am aware of the disagreement
16 between Phyllis and Susan.

17 Q. Nurse Browne indicated that
18 this seemed to arise shortly after they both became
19 members of the same team and continued on from that
20 point in time.

21 A. Yes, I believe it had.

22 Q. And do you agree with her
23 characterization as to the nature of the conflict
24 that was involved there?

25 A. I'm sorry, you would have
to go over her --



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Q. Problem in trusting one another, delegating authority and respecting each other's roles.

A. They had different styles of nursing and I guess those would come into play, yes.

Q. All right. And Nurse Costello told us as well that part of the problem between the two was that while Phyllis was the team leader Susan felt that she was equally capable of being team leader.

A. Well, they both were capable of being team leaders. Phyllis was the team leader.

Q. All right. So that as far as you were aware was the source of some conflict between them?

A. I think I was under the impression it was more a difference of opinion on a number of situations. I don't know if exactly that was the problem, no, I don't.

Q. Well inasmuch as they were both capable of fulfilling the responsibilities of a team leader --

A. Right.

Q. -- and Susan felt she was capable of that even though she wasn't a team leader,



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was there some sort of a power struggle that went on between the two from time to time that gave rise to this feeling of conflict?

A. I don't know if it had directly to do with a team leader. There was a difference of opinion in certain situations that would arise, but I don't know if it went back to Sue's -- what I think you are saying is Sue's desire to be a team leader?

Q. I am not suggesting that every time there was a conflict it necessarily had its root in that. I am suggesting to you as between the two there was a friction that seemed to come down to a power struggle between the two of them and an inability to separate their various roles.

A. Again it comes down to a difference of opinion, a difference of nursing perspective. Different nurses will have different perspectives. I don't think it was a power struggle. Phyllis was the team leader. She was a team leader because she had been there on the cardiology ward longer than Susan. I think Susan realized that.

Q. Well, as between the two was one regarded as the more capable nurse on the ward?



1
AA8 2 A. I think they were both
3 capable.

4 Q. All right. Was one regarded
5 as being a more dominant force on the ward than the
6 other one?

7 A. I don't know what you mean
8 by "dominant force".

9 Q. Well, Miss Costello I think
10 indicated to us that the difference between them
11 lay in the fact that Phyllis sought a lot of reassur-
12 ance about situations and Susan assessed the situation
13 herself and acted in order to do what was necessary.

14 I am suggesting -- first of all,
15 do you agree with that assessment of Miss Costello?

16 A. I feel that Phyllis even
17 though she would seek reassurance would still get
18 her job done. I don't think she would seek reassur-
19 ance for anything before. Like it would never
20 interfere with her doing her job.

21 Q. I am not suggesting that. I
22 am just saying do you agree with Miss Costello's
23 characterization of the difference between the
24 approach that each one takes?

25 A. One was more verbal than the
other.



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Q. All right. And what I am asking you is, did Susan Nelles emerge as a more dominant force by virtue of the fact that she assessed situations and acted without seeking reassurance from various sources before she did?

A. I can't place it as being a dominant role; I'm sorry.

Q. All right.

Was the fact that Phyllis Trayner was the team leader, was that an indication that she was held in any higher regard than Susan Nelles in terms of her ability?

A. She had added responsibilities, yes.

Q. Yes, but did it necessarily reflect the fact that she was actually held in higher regard by the people on the ward?

A. She was regarded as a person of added responsibilities. Because she had been there a bit longer as well she would have a bit more experience in the field of cardiology, so if you want to regard her higher for that, you would.

Q. Well, was that the case that she was necessarily held in higher regard simply because she was the team leader?



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A. No, I don't think it did.

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Q. All right. Now do you know

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whether or not the fact that Susan Nelles was held

5

in high regard and viewed herself as someone who

6

could carry out the duties as a team leader, did

7

this make Phyllis Trayner's job more difficult work-

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ing with someone like that?

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A. I don't know if it did. It

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would lead to more discussion and perhaps more

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learning.

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Q. Well, more discussion and

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perhaps more learning. I take it the discussion may

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well have been generated by conflicts caused by

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these two different approaches?

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A. Disagreement in nursing

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approaches, yes.

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Q. Now we have heard as well that

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over the course of the summer and the fall there was

20

a stress building up in terms of the nurses on the

21

two teams to the point where by late summer and

22

the fall there was a question of psychiatric counsel-
ling being raised and discussed.

23

A. That is right.

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Q. Were you aware of that?

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A. Yes, I am.

Q. And when was the first time



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that that became an issue that was being discussed
as far as you can recall?

A. I believe sometime in
August. I can't pinpoint a date.

Q. Was it a subject of a general
meeting at that point in time?

A. There was some discussion
to it - I don't know if it was discussed specifically
at a meeting. I am not sure.

Q. You don't know whether it was
formal or informal discussion that took place late
in the summer?

A. No.

Q. Well, at some point in time
did it become the subject of formal discussion?

A. I believe it did, yes.

Q. Do you recall when that was?

A. No, I don't.

Q. Were you, yourself, involved
in the discussions that took place with respect to
the possibility of psychiatric counselling for the
nurses?

A. I believe I participated, yes.

Q. Was this something that was
discussed not only with the members of your own team



Bell
cr.ex. (Hunt)

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AA12 2 but also with members of Phyllis Trayner's team?

3 A. It was discussed amongst all
4 of us, yes.

5 Q. And in your experience is that
6 something that happens often?

7 A. I'm sorry, the discussion about
8 getting a psychiatrist?

9 Q. Yes.

10 A. I was aware that in the
11 Intensive Care Unit they had a psychiatrist that
12 would help the nurses cope with the stress level in
13 the Intensive Care Unit and I thought if they could
14 have some assistance in coping with their stress,
15 I felt we were very stressed, perhaps we could get
16 the same kind of assistance.

17 Q. I take it you had never been
18 involved in a situation before personally where
19 because of some stress the need for general
20 psychiatric counselling for nursing teams was dis-
21 cussed?

22 A. That is right.

23 Q. So to that extent this was
24 something unusual for you to be experiencing?
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A. It seemed natural to seek assistance, if I was feeling stressed it would seem natural to go to a psychiatrist.

Q. I am not criticizing the fact that it was discussed, or suggested, or whether or not it might seem natural. I am just suggesting to you that it was an unusual situation as far as you were concerned, that this matter had to be even discussed amongst nursing teams?

A. Yes.

Q. Now at about the same time that this was happening was there discussion about splitting up the Trayner team?

A. I believe it was a discussion about splitting up the teams of that rotation.

Q. I take it if the Trayner team was split up it was going to require one or more members of another team to be assigned to that team in order to change them around?

A. No. Well, that would happen, but when they were talking of splitting up the teams it was not just Phyllis Trayner's team, I assumed it was my team as well because we worked parallel, the stress was on my team as well as on Phyllis' team, whether the arrests were on 4A or whether they were on 4B.



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Q. You say you assumed it was your team as well. Do I take it from that that the focus of whatever discussion there was at that point in time was with respect to Phyllis Trayner's team, but that you felt of necessity your team may have to be split up as well?

A. Well, the stress was on our team as well because we were present during the increased number of arrests and deaths.

Q. Well, you were present, but up to that point in the fall, am I not correct that the deaths were occurring primarily in the presence of Phyllis Trayner's team; in other words, children they were responsible for?

A. They were directly responsible but we still had to participate and the stress was felt by my team as well as Phyllis' team, we didn't see the differentiation there.

Q. There was in any event no breaking up of the teams at that point?

A. That's right.

Q. I take it there was resistance to the teams being broken up?

A. There was.

Q. And that resistance came from whom?



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A. From all of us.

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Q. And are you aware as to whether

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or not there was any concern on the part of other

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people not on Phyllis Trayner's team to the point

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that they didn't want to be part of her team?

7

A. I believe it was that they

8

didn't want to be on this rotation, not that they

9

didn't want to be on Phyllis Trayner's team.

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Q. What do you mean on this

rotation?

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A. On the rotation that my team and

12

Phyllis' team was on, we worked the same times.

13

Q. What I am having trouble with

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though is how it was proposed to break these teams up

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so that the people were not on that rotation. I mean,

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at some point in time the people were going to have to

work the night shift?

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A. That's right.

18

Q. And at other points in time they

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would work the day shift, or off?

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A. Right.

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Q. So really there was no change

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in the hours that the people would work over a long

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period of time, wasn't it just a change in the

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personnel you would be working with?

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A. In changing the team you would change the personnel, but again it is still that rotation, it just seemed to be at those times, it wasn't a differentiation between teams.

Q. Well, you see my problem though?

A. I think that is why the teams were not split up because it didn't make sense to split it up.

Q. It didn't make sense to split it up in what sense?

A. In what you are saying right now.

Q. Because the people once they became members of other teams were going to have to work the same hours?

A. That's right.

Q. Over a period of time in any event. So the real concern didn't have to do, I am suggesting to you, with the fact that people were going to have to work some night shifts and some day shifts and then be off some times, the real concern was that some particular group was thought to be jinxed in some sort of a way that made it unappealing for anybody to be associated with them?

A. And the group that you are referring to is both 4A/B, it wasn't particularly her group.



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Q. Notwithstanding that up to that point in time it was her group that had the main responsibility for the patients by and large that were dying?

A. They were dying, but 4B was involved as well and it is not - I don't think you would want to wish yourself into the situation where the stress is that high.

Q. Well can we take it that there was really no concern at this point in time about the members of the Trayner team not being careful and cautious, nurses who could adequately and safely deliver care to the patients?

A. No, there was no concern.

Q. Because if there had been any concern about that issue, I take it there would have been some changes made to the personnel involved?

A. Yes.

Q. So as of the time when this was being discussed, which is as I understand it is in the fall?

A. I believe so.

Q. The Trayner team as far as everyone is concerned was apprised of a group that was not prone to making a lot of medication errors?



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A. No.

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Q. Or conducting themselves in a

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sloppy or careless fashion?

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A. No.

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Q. Now, would you describe Phyllis

Trayner as the sort of person who liked attention?

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A. I think in the situation she

8

needed reassurance.

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Q. My question though was, was she

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the type of person who - I am talking about the way

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she carried on on the ward, liked attention?

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A. I don't - I can't quite agree

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with that statement. I think she sought a lot of

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reassurance, she was more vocal than other people, yes.

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Q. She was vocal in the sense that

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she would talk about problems she had with anybody
who would listen?

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A. She would take them to

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particular people that she thought it could affect

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or could help her with the situation.

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Q. Well, Miss Costello used the

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phrase "she fussed openly", would you agree with that?

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A. That is Mary Costello's words,

not mine.

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Q. My question to you is, do you

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agree with that?

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A. I don't.

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Q. You don't agree with that?

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A. No.

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Q. And she indicated that Phyllis

7

Trayner worried out loud about the cause of arrests
to anyone who would listen; do you agree with that?

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A. She would concern herself and

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she would direct herself to people that had a concern,
had the same types of concern as she did, like

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cardiologists or nurse clinicians.

11

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Q. Ms. Costello also said she

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wasn't the sort of person who was easily consoled by
the cardiologists about the deaths or the cause of

14

deaths; do you agree with that?

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A. She would seek reassurance, yes.

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Q. Well whether or not she liked

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attention, would I be correct that she got a lot of
attention as a result of her behaviour?

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A. Yes, she did.

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Q. And did she get attention to the

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point where other nurses became concerned about the
amount of attention that Mrs. Trayner was getting?

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A. I don't think it was a concern

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over the attention that Mrs. Trayner was getting, I

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think it was the lack of attention that everyone else was getting, that we felt stress too and we needed some attention as well.

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Q. In view of the amount of attention that she was getting there was less for the others?

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A. Yes.

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Q. And they were concerned about that?

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A. Yes.

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Q. Ms. Costello advised us of an incident where she had heard Dr. Freedom assuring Phyllis Trayner that a particular death was not her fault; and that later she heard from another nurse that Phyllis had been saying that Dr. Freedom was blaming her for the death. Now, did you hear about that incident?

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A. I heard of the incident where Phyllis was going up to Dr. Freedom, where they were discussing a patient's death, and she had approached him a number of times and Dr. Freedom was quite verbal in expressing his feelings that it wasn't nurses at fault, so I don't know that he blamed Phyllis, I don't know that.

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Q. I am sorry, you will have to repeat that; he was quite vocal in expressing his



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opinion that what?

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A. That the nursing care was very

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good during the arrests and during the resuscitations

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but I don't recall him saying, placing any blame with

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Phyllis, no.

7

Q. Do you recall the incident that

8

I am referring to that Ms. Costello related where after

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such assurance Phyllis Trayner was suggesting that

10

Dr. Freedom had blamed her for the death?

A. No, I don't.

11

Q. You had never heard of that?

12

A. No.

13

Q. Well certain of Phyllis Trayner's

14

behaviour upset you, didn't it?

A. It did.

15

Q. To the point where in October

16

of 1980 I believe you went to Ms. Costello about that?

17

A. I did, right.

18

Q. And you were quite upset, I think,

19

in Ms. Costello's words, about what was happening?

20

A. Yes, I was.

21

Q. And she indicated to us it had

22

to do with the fact that you felt that Phyllis was

23

taking control of these resuscitation attempts even

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in cases where it normally would have been your

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responsibility to be in control, and that the team was feeling that now in some way they were being dominated by her?

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A. We felt that she didn't take enough time to assess the situation, that she would do that either side.

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Q. By either side you mean in connection with babies that were under the care of 4A, on Ward 4A, and also with respect to babies on Ward 4B?

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A. Yes.

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Q. And what was it in particular then that you felt was not appropriate and that caused you such concern?

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A. Well, the time that she took to assess we felt was inappropriate, because again she was more vocal and we were not getting the support that we needed.

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Q. So you felt on certain occasions that had it been left to you, where the responsibility appropriately lay, that you might have made different decisions?

A. I had made it known to Mary that Phyllis would go in and not assess the situation correct, you know, not take enough time to assess the situation. But essentially the decisions I would make



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them if they concerned the children on my ward

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because I knew more about them.

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Q. You felt that was something that

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you should be the one responsible for?

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A. Well, I was responsible for it.

7

Q. Except in the cases where Phyllis

was taking over and making these assessments?

8

A. She would take over but

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essentially the responsibility is there with me, and

10

then I would have the decision.

11

Q. So you felt you should be the

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one, if you had the decision you should be the one

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in control?

14

A. Yes.

15

Q. I take it these Code 25's, that

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these are called in fairly extreme circumstances; in
other words it is a last resort measure?

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A. Well, it is when a child stops

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breathing or its heart stops, that is extreme.

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Q. That is last resort, isn't it?

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A. Well you want to bring the child

back.

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Q. I am not arguing with you, I

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think it's a great idea.

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But you have a progressive or a child deteriorating goes through stages I take it as they deteriorate?

A. Not necessarily.

Q. Well, it may go through stages?

A. It might.

Q. My point is, it is not appropriate to call a Code 25 merely because a child's condition starts to deteriorate?

A. That's right.

Q. Right. It is reserved for cases where that condition has gotten to the point where it is a last resort measure.

A. Or fairly close to.

Q. All right, or fairly close to. The issue here as I understand it from what you say is that children whose condition was deteriorating --

A. Right.

Q. -- were being categorized by Mrs. Trayner as Code 25 prior to a point in time when you might have felt that would have been the appropriate response to the situation.

A. What you would need to do in a situation like that is again go in and assess the situation. It only takes 5 to 10 seconds to assess



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it, like, listening to the heart rate a bit longer
or something like that.

Q. And that time wasn't being
taken?

A. At the beginning, no.

Q. So that essentially what you
had was a child in serious difficulty and in those
cases that caused you concern a Code 25 was being
immediately called and Phyllis Trayner was in effect
taking over the situation at that point in time.

A. She would call a Code 25 but
there is a small fraction of time before others get
there, so, you are still at the bedside.

Q. Right. The Code 25 has already
been called?

A. Right.

Q. In any event, you didn't
consider that that was appropriate procedure?

A. I felt more time needed to
be assessment time.

Q. Did you consider speaking to
her yourself about that, or did you?

A. I had considered it.

Q. Did you?

A. No, I didn't.



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Q. And it was in late October I take it that you raised that with Mrs. Costello?

A. I had.

Q. So, this is something that had been going on through July, August, September and whatever part of October up until the point when you raised it?

A. I had raised that point but it hadn't gone on all that long, no.

Q. All right. I'm sorry, what did you mean it hadn't gone on all that long? I am suggesting this is a problem that developed from the point in time in July when you started having this tremendous increase in the number of resuscitation attempts that were occurring?

A. Right.

Q. And up to the point when you finally were so upset you told Mrs. Costello in October?

A. Right.

Q. Now, you knew that there was a significant increase in the number of deaths that were occurring?

A. Yes, I did.

Q. And you knew that the increase



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in the number of deaths was primarily during the
nighttime hours?

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A . Yes.

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Q. And you knew that primarily
it was in the presence of Phyllis Trayner's team or
at least babies that were under the care of Phyllis
Trayner's team?

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A . Again, they occurred on night
when I was working.

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Q. All right. Can you be more
specific? Primarily it was with respect to babies
that were under the care of Phyllis Trayner's team.
You may well have gotten involved because you were
there but the babies were, I am suggesting, primarily
under the care of that team?

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A . They were on 4A.

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Q. Well, last week with the help
of Mrs. Costello we went through the WIN sheets to
determine the number of nights that we were looking
at over the nine-month period when these deaths
occurred and with respect to Phyllis Trayner it was
determined that during the entire period she worked
a total of 52 nights and over the course of those
52 nights 28 of the babies that we are enquiring
into here died. Now, does that figure surprise you?



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A. No, it doesn't.

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Q. You find that 28 deaths over the course of 52 nights in a nine-month period is in accord with your assessment of how serious the situation was at the time?

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A. It was a serious situation, yes. Even if you don't know the direct numbers, just being there and knowing the increasing arrests and the number of deaths you couldn't help but notice.

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Q. Well, that is at a rate of almost one every other night, am I correct?

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A. If you say it is, okay.

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Q. 28 in 52. I guess my question to you is, did you have any idea at the time that the deaths were occurring at that degree of frequency?

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A. I don't know if it seemed like it was one every other night but certainly I was aware that there was an increase in the numbers.

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THE COMMISSIONER: It wasn't every other night, it was one every other night that Phyllis Trayner was on duty.

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MR. HUNT: That's right, that's right.



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THE COMMISSIONER: That is quite different and unless you apply your mind to that particular issue --

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MR. HUNT: I suppose that is what I am asking.

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THE WITNESS: I am sorry?

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MR. HUNT: Q. Did it enter your conscience that deaths were occurring with that degree of frequency when Phyllis Trayner was present?

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A. No, it didn't.

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Q. Well, we also learned going through the sheets that Phyllis Trayner and Susan Nelles worked together over that period a total of only 32 nights and from an examination of the facts relating to the deaths of the children we see that on those 32 nights there were 22 of the deaths that are of concern to this Commission categorized as suspicious. Now, does that figure particularly surprise you?

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A. I have heard these figures before.

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Q. Does it surprise you?

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A. I guess it doesn't.

Q. I am sorry?



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A . I guess it doesn't because
they worked on the same team.

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Q. It does not, all right. Did
you have any idea that children were dying at that
rate at the time it was happening on nights when
they were both working together?

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A. Was I aware of it?

Q. Were you aware of the
frequency with which it appears to have occurred at
the time it was happening? Did you put it together
that when the two of them were working there seemed
to be an awful lot of kids were dying on those
nights?

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A. I didn't put it together with
the two of them, no.

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Q. I take it over the last year
you have given this matter a lot of consideration,
these deaths on Wards 4A and 4B between July of '80
and March of '81?

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A. Yes.

Q. And if you accept that these
children that have died in what is categorized as
suspicious circumstances died as a result of deliber-
ate intervention through an overdose of digoxin, if
you accept that would you agree with me that there



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really doesn't appear to be any rhyme or reason
for it happening?

A. Any rhyme or reason for a
deliberate intervention?

Q. Yes. You wouldn't categorize
what has happened as a humanitarian act in any way,
would you?

A. No.

Q. And some of the babies had
anatomically normal hearts?

A. Some of them.

Q. Some of the babies hadn't
even reached surgery to have their anomalies repaired?

A. That's correct.

Q. And if you look at the last
week in March there is no doubt that by Saturday
evening people on the ward were aware that something
with respect to the death of at least one child,
that of Pacsai, was causing concern to the point
where questions were being asked. Would you agree
with me?

A. I believe there was an
inquest to be held, yes.

Q. Yes. And that there was
enough concern that the digoxin was being locked up



Bell, cr.ex.
(Hunt)

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and subject to the special measures with respect to dispensing it?

A. Right.

Q. And then notwithstanding that after that special procedure with respect to digoxin is implemented Baby Cook dies. I am suggesting to you that really what we have here is something for which there is no real apparent rational explanation.

A. For the digoxin being locked up and the deaths?

Q. No, for the deaths. If you are accepting that they are deliberate, I am suggesting to you there is no real rational explanation for them.

A. I cannot in my mind see that they were deliberate actions but I don't have an answer on the other hand either.

Q. I take it then you accept that all of these deaths were as a result of natural causes?

A. I cannot come to any kind of conclusion.

Q. Well, what I am suggesting to you is if you get over that hurdle and you accept



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that they were intentional there is no rational
explanation for it is there?

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A. I'm sorry, but I cannot
accept that they were intentional.

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Q. You can't bring yourself to
accept that for the purpose of considering what
explanation there might be, is that it?

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THE COMMISSIONER: It might help
I suppose if you put it this way. One of the
reasons why you can't accept they were intentional
was because there was no rational explanation for
exposure of the children.

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THE WITNESS: That's right.

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THE COMMISSIONER: It gives you
your answer but not perhaps quite the way you wanted
it.

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MR. HUNT: I couldn't hear the
question, sir.

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THE COMMISSIONER: Well, I just
reversed it. I said one of the reasons that you
can't accept the premise that the deaths were
intentional was that there was no rational reason
for disposing of the children which gives you the
answer you want.

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MR. HUNT: Q. Did you agree with that?

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A. Yes, I did.

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Q. So, can you accept then

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that given there is no rational explanation for

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it, if these deaths were intentional, what we are

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dealing with here is someone who is very seriously

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mentally ill.

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THE COMMISSIONER: Provided of

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course that she accepts what she won't accept.

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THE WITNESS: I can't accept it.

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MR. HUNT: Q. Well, if you can't

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accept that there is a rational explanation

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then and somebody tells you that these babies died

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as a result of deliberate intervention.

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A. I would have to know the

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causes of the deaths.

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Q. Well, I'm telling you, I'm

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suggesting to you if somebody tells you it is as a
result of a deliberate overdose of digoxin ---

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THE COMMISSIONER: He is asking

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you to assume what you find difficulty in assuming.

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If you can't do it, don't bother, but if you can

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do it it would certainly help Mr. Hunt and perhaps

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bring this examination more quickly to a conclusion.

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If you could accept that these children

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were all deliberately done away with by an overdose



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of digoxin, toxic overdoses, as all overdoses are,
of digoxin, then would you say that whoever that was
that did it is not rational?

THE WITNESS: I'm sorry, I just
can't say that.

THE COMMISSIONER: You can't say
that. Well, that's fine.

MR. HUNT: That's fine.

THE COMMISSIONER: And I don't
think we will pursue that any further.

MR. HUNT: No, we are getting
nowhere. Thank you.

THE COMMISSIONER: Thank you.
Now, Mr. Roland, are you next? Or is it Mr. Ortved?
No, it is Mr. Percival.

MR. PERCIVAL: The reluctant
debutante.

THE COMMISSIONER: Yes, all right.

CROSS-EXAMINATION BY MR. PERCIVAL:

Q. Mrs. Bell, I know that some
other counsel may have asked you about your relation-
ship with Susan Nelles and Phyllis Trayner and I
thought that perhaps I would explore it in some
little bit greater detail.

I want to know when did you first



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get to know Susan Nelles?

A. When we started to work on
4A/B.

Q. And that was when?

A. When we moved to the Ward 4A/B
in April of '80.

Q. '80. So then I gather that
you knew her then for approximately a year then up
until her arrest?



Bell
cr.ex. (Percival)

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A. I had seen her on 5A. I
was acquainted with her on 5A.

Q. Did you also know her brother
David Nelles, a physician who worked on the same
ward?

A. He was a Resident on our
ward.

Q. A Resident?

A. In September for one month.

Q. All right. Can you tell me
over the course of that one year prior to March of
1981 how frequently did you get to see Susan Nelles,
aside from at work I mean?

A. I can't give you a definite
pattern.

Q. Well, no, but did you become
very good friends over the course of that one year?

A. Yes, we did.

Q. Did you sometimes visit back
and forth to your respective apartments or homes
during the course of that one year?

A. We did.

Q. And did you sometimes tele-
phone each other whether you were on shift or off
shift?

A. Occasionally.



Bell
cr.ex. (Percival)

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Q. Did you go out socially

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with her?

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A. Yes.

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Q. Can you tell me so far as your

6

relationship with Phyllis Trayner how long did you

7

know Phyllis Trayner, again prior to the events of

8

March 1981?

9

A. We had started on the same

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day at The Hospital for Sick Children.

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Q. So that is when, I'm sorry?

A. November 6th of 1978.

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Q. All right. And then you would

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have known her by my recollection then approxi-

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mately two and a half years prior to the events of

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March 1981?

A. Yes.

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Q. All right. Well, can you

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tell me was she married during that time? And were

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you married during that time?

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A. I was, and she had gotten

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married during that time period.

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Q. Did you become, at least inso-

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far as couples are concerned, frequent visitors

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to each others' apartments, going out socially

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during the course of that two and a half years?

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A. I believe I socialized more with Phyllis by herself than with her husband.

Q. All right. Do I take it then, and maybe you can correct me, were they probably your two best nursing friends by March of 1981?

A. I wouldn't say that, no.

Q. All right. What was the relationship between Susan Nelles and Phyllis Trayner - again in that same time period of approximately a year prior to March 1981?

A. They weren't the best of friends.

Q. They weren't -- I'm sorry, I didn't hear.

A. They weren't best of friends.

Q. Thank you.

A. They had their disagreements on the ward and they couldn't see eye-to-eye on a lot of things and this would carry through socially.

Q. Well, you were sort of like the common thread as I gather because you knew them fairly well. Did sometimes they socialize together quite apart from with you and with you separately?

A. They would -- we would



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socialize as a group but I never knew of an occasion where Susan and Phyllis socialized just the two of them.

Q. All right. In any event -- but on occasion from time to time the three of you would be together or alternatively with husbands or boyfriend?

A. Sometimes.

Q. All right. From time to time prior to March of 1981 did you go to Belleville --

A. No.

Q. -- to visit Susan Nelles at her home?

A. No, I didn't.

Q. Has that friendship between yourself and Susan Nelles and Phyllis Trayner continued even to the present day?

A. It has.

Q. And do I take it that from time to time in the course of the past I guess it is almost three years since the time of the arrest, have you see Phyllis Trayner on a fairly frequent basis on a social basis?

A. I don't think you could call it a frequent basis, no.



Bell
cr.ex. (Percival)

DD5

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Q. How frequently is your --

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A. I can't give you an average

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because I have a very busy family life. I attend

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school. I can't give you a specific time.

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Q. All right. Well, I mean,

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does a week go by when you don't speak to each other?

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A. Definitely.

9

Q. Well, do you speak to each

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other from time to time by telephone?

A. Occasionally.

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Q. Yes.

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A. And months could go by when

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I don't speak to her as well.

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Q. Well, I am interested in the

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last time you spoke to her, and I think you told

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someone else in these proceedings that you last spoke
to her, what was it, last week?

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A. Yes, it was.

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Q. Who initiated that telephone

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call?

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A. Phyllis had called me because

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she had heard through the press that I would be
appearing at the Grange.

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Q. All right. Did you not know

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up until the time of that phone call that that was

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likely?

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A. I'm sorry, that she called me?

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Q. No, that it was likely that
you were going to give evidence in these proceedings.

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A. I knew I was going to give
evidence but I did not discuss it with her.

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Q. All right. Well, aside from
the fact of telling her you were going to give
evidence, do you ask the Commissioner to believe that
you said nothing at all about what you were likely to
say?

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A. I didn't discuss this, no.

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Q. So aside from, "Hey, you're
going to give evidence next week", you said nothing
more about the forum, what you had read in the news-
papers, heard on the radio or anything?

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A. I didn't.

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Q. I see. And do I take it
since this Commission commenced you have never dis-
cussed the evidence that has been heard in this
Commission for the past six months with Phyllis
Trayner?

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A. We could have said a few
words about it.

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Q. Does that same answer go with

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respect to your conversations with Susan Nelles?

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A. I don't believe I have dis-

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cussed the Grange with Susan Nelles, no.

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Q. Ma'am, do I take it you have

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never given evidence in a Royal Commission before?

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A. That is right.

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Q. Do I take it you have never

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given evidence in a court such as a preliminary
hearing involving Susan Nelles before or since?

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A. The preliminary hearing was

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the only one.

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Q. So those are the two events

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in your life and you say really you have not really
discussed what has been going on at this Commission?

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A. That is right.

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Q. I see. You graduated in

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what year from Ryerson?

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A. 1977.

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Q. Do I take it that since 1977

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you have been actively involved in nursing?

20

A. I have.

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Q. In the Province of Ontario?

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A. Yes, I have.

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Q. From time to time in the

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course of the past six years have you talked from time

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to time with your nursing friends and doctor
friends - and I gather you have some doctor friends
as well?

A. I do.

Q. Have you talked from time to
time with them about mercy killings?

A. We have discussed it.

Q. And did you in fact discuss
mercy killings prior to March of 1981?

A. I probably have, yes.

Q. And is that a subject that
seems to be of some considerable interest to the
nursing and medical profession?

A. Of course.

Q. Do I take it then that in
the course of the year prior to March 1981 from
time to time because Phyllis Trayner and Susan
Nelles are two of your nursing friends that you
talked to them about mercy killings?

A. It is possible, yes.

Q. And in fact you did talk
about mercy killings from time to time prior to
March of 1981 at that nursing station on that map
where the nurses from both 4A and 4B were wont to
sit and communicate and talk and write?



DD9

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A. That is right.

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Q. Yes.

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A. It wouldn't be appropriate
to do it in the patients' rooms.

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Q. I understand that, but I
gather the babies weren't listening.

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A. I'm sorry, but there could
be parents in the room or other parents.

9

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Q. Well, do I take it there are
not many parents at night?

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A. There could be parents at
night, yes.

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Q. Well, do I take it by that
you do not discuss it in the presence of parents or
adults?

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A. Certain discussions we wouldn't.

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Q. Well, what I am getting at
is this: From time to time did you discuss the
quality of life likely to be facing these young
infants with serious heart defects on this ward in
the year prior to March 1981?

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A. It would be a general dis-
cussion. There was a number of children that we
looked after; not just with cardiac defects, but in
other areas too.



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Q. You knew that most of them
were facing a very difficult if not short life?

A. I can't say that.

Q. Well, did the matter of
mercy killings come up with respect to the type of
children that you were looking after on this
cardiac ward in The Hospital for Sick Children?

A. At times when the decision
was made and obviously death was imminent with some
of the children but this had been discussed with
parents and the doctor and we had been made aware
of it.

Q. Right.

A. We would discuss our feelings.

Q. Right. So I take it at
least you can confirm at least to this Commission
that prior to March 1981 Susan Nelles and Phyllis
Trayner and yourself participated from time to time -
I am not asking you how frequently - in discussions
about mercy killings?

A. I would assume that we would.

Q. Now I have looked at
Exhibit 334 and Exhibit 335, and these are the WIN
sheets.

Do you have them in front of you?



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A. No, I don't.

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MR. PERCIVAL: Perhaps, Mr. Elliot?

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Q. I was looking at the WIN

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sheets last night, Mrs. Bell, and it would appear

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that you were off on vacation from March 3rd through

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to March 16th.

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Would you confirm that for me by
looking at Exhibit 334, please.

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THE COMMISSIONER: Except for the one
day; isn't that right?

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THE WITNESS: I'm sorry, what was the
date?

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MR. PERCIVAL: Q. From the period
March 3rd to March 16th, and I am talking -- I know
you went back to work long nights on the day of
March 16th, and I just want to be sure that I have
that vacation time bracketed if I may.

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A. Yes, that is right.

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Q. You came back to work then
working long nights on Monday, March 16th, and during
that approximate two-week period were you out of
the city?

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A. I think off and on. I am not
sure.

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Q. Well, did you have any



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communication with your friends Phyllis Trayner or Susan Nelles during that two-week vacation?

A. No, I didn't.

Q. And when you came back to work on Monday, March 16th, on long nights, if you look at the WIN sheets it would appear that Phyllis Trayner commenced working that same long night shift on Monday, March 16th.

Again, would you confirm that.

A. Yes, that is correct.

Q. All right. Well now, let me -- were you aware of the fact that when you came back on March 16th Baby Leith had died on March 6th, Baby Warner had died on March 7th, Baby Hines had died on March 8th, Baby Gionas had died on March 9th, Baby Manojlovich had died on March 12th, Baby Pacsai died on March 12th and Baby Inwood had died on March 13th?

A. I was made aware of that, yes.

Q. That was a rather significant series of unfortunate baby deaths on 4A and 4B in a very short period of time: less than two weeks?

A. That is right.

Q. One commencing on March 6th and the last one on March 13th. Were you aware of



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that?

A. Yes.

Q. And by my calculation that was seven baby deaths in a week; is that right? From the 6th through to the 13th.

A. Yes.

Q. When you came back on shift then on Monday, March 16th, was that a matter of discussion between you and Nurse Trayner?

A. I believe we had discussed it at some point, yes.

Q. I think that you have said on other occasions in the course of your evidence that you were aware of the fact that there was some great continuing concern about the level of morbidity arising on 4A and 4B.

Do you agree with me that seven deaths in seven nights was not just an increase; it was a staggering total?

A. Yes.

Q. All right. Well, tell me, how did the discussion go between you and Nurse Trayner on that night of Monday, March 16th?

A. I can't remember it word for word. There was a -- she was very disturbed at the



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number of deaths.

Q. Well, were you equally
disturbed?

A. Yes.

Q. All right. And I gather
then that the question that both of you were dis-
turbed, that was a matter then of continuing
concern to you?

A. Yes, it was.

Q. Well then Susan Nelles as a
matter of course, according to the WIN sheets, did
not commence work until the long night of Friday,
March 20th. That would be 7:00 p.m.?

A. That is right.

Q. All right. So throughout
that week you worked from time to time with Nurse
Trayner and one more death occurred, Baby Gardner,
on March 18th.

Is that your recollection?

A. I'm sorry, I don't...

Q. You recall another baby death
occurring on the Wednesday night?

A. I wasn't there so...

Q. All right. Did you hear about
it when you came back to work?



DD15

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THE COMMISSIONER: That was the death
on the 18th of March I think.

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MR. PERCIVAL: Yes, that is what I
said, Wednesday, the 18th.

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THE COMMISSIONER: Right. Were you
not there then?

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THE WITNESS: The 18th of March?

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THE COMMISSIONER: Sorry, I thought
you had returned the 16th.

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MR. PERCIVAL: I don't know whether
she was working on the 18th.

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THE COMMISSIONER: She may not have
been working -- you are quite right. I take it back.

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MR. PERCIVAL: Q. You worked two
long nights in a row, the 16th and the 17th, and
you were off on the 18th?

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A. That is right.

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Q. You were off on the 19th and
you commenced work on long nights with Susan Nelles
and Phyllis Trayner on Friday, March 16th.

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A. Friday, March 20th.

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Q. Friday, March 20th. Thank
you very much.

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Now when Susan Nelles, your friend,
came back she had been on holiday and you had been



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on holiday. Did you talk to each other about -- you hadn't seen her in three weeks. Did you talk about what you had both been doing on your holidays?

A. We probably discussed it, yes.

Q. Do you recall her telling you she had been in Belleville and was a little bit mad when she came back on the shift at seven o'clock on that Friday night because she had got a phone call from Liz Radojewski?

A. Oh --

Q. About Baby Pacsai, a 25 level and an imminent Coroner's Inquest. Were you not present when she spoke about that on the night of Friday, March 20th?

A. I don't believe I was because I didn't --

Q. Well, perhaps I can refresh your recollection by what Nurse Trayner had to say and who was present when that was discussed.

May this be a convenient time?

THE COMMISSIONER: Yes. All right.

MR. PERCIVAL: For the benefit of counsel it is Volume 5, starting at 993, and perhaps your counsel may wish to consider it with you.

THE COMMISSIONER: All right. Five minutes.

--- recess.



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--- Upon resuming.

THE COMMISSIONER: Yes, Mr. Brown.

MR. BROWN: Yes, Mr. Commissioner.

If I might rise again, I raised the point when Ms. Costello was testifying as to the use of testimony given by other people and being read to present witnesses to refresh their memory.

In this case Mr. Percival has indicated that he intends to read to Mrs. Bell a portion of Mrs. Trayner's evidence respecting -

THE COMMISSIONER: Excuse me a minute. Yes?

MR. BROWN: Respecting the alleged conversation on the Friday evening. Now, I would submit it would be more interesting to have from Mrs. Bell her fresh recollection of whether or not she recalled anything of what was said, and Mr. Percival is certainly entitled to do that. I submit that it is inappropriate to proceed by putting the testimony of another witness, in respect of that meeting, to the present witness without getting her evidence.

THE COMMISSIONER: Well, first of all he asked her if she had any recollection of that, and now he is going on to read from Mrs. Trayner's



EE2

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2 testimony as to a conversation that took place, I
3 think that is legitimate, what is wrong with that?
4 Having laid the groundwork, why can't he say, but
5 Mrs. Trayner said this, do you disagree with it;
6 is she right, is she wrong.

7 MR. BROWN: I submit the question
8 can be put much more directly.

9 THE COMMISSIONER: But it has been
10 put directly. He did ask her, he did ask her did
11 you discuss the Pacsai matter and the reading of
12 the Pacsai matter and she said no. Now he is going
13 to put to her what Mrs. Trayner said and ask her
14 if that brings it back to mind, or if she disagrees
15 with it, that sort of thing. That strikes me as
being legitimate, it was when I was a boy anyway.

16 MR. PERCIVAL: Mr. Commissioner,
17 if I have transgressed, I am glad to know that
18 Miss Cronk also has transgressed because she did
it at page 2318 along the same lines.

19 THE COMMISSIONER: Yes.

20 MR. PERCIVAL: So perhaps if I
21 am wrong I have good company.

22 MS. CRONK: It wasn't a problem when
23 I was a girl.

24 MR. PERCIVAL: Q. Now, in the
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course of the recess, Mrs. Bell, you had an opportunity to read page 993 and onward of Phyllis Trayner's evidence at the preliminary hearing, in Volume 7.

In fairness I note that Miss Cronk yesterday alluded to that in the course of examining you, do you recall that?

A. Yes.

Q. You will note on page 994, Phyllis Trayner indicates that she specifically remembers being at the nursing station with Mrs. Bell, Mrs. Reaper and Susan Nelles at about 7:15 p.m., that is 15 minutes after you started the shift on the Friday night, March the 20th, when this discussion took place. You have read that I gather?

A. I have read it, yes.

Q. And I put it to you that as friends, as friends of at least a year and being away from each other for three weeks, one of the first things that you are going to talk about is a rather unusual phone call from your head nurse to Susan Nelles, your good friend, mentioning a coroner's inquest.

A. I did not learn of it that night.

Q. Well, ma'am, let me put it



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to you this way. Had you ever been involved in a coroner's inquest up to that moment in time?

A. No, I hadn't.

Q. So do I take it that the matter of a coroner's inquest in the Hospital for Sick Children was unheard of, at least insofar as you were concerned and touching your work?

A. There would be inquests going on in the Hospital, but not concerning myself.

Q. That is what I am talking about, touching your Ward 4A and 4B.

A. That is right.

Q. So do I take it that your - and as I understand your evidence, when do you say you heard about the 25 level of Pacsai and the coroner's inquest? Are you seriously suggesting to the Commissioner that was on the night of March 23rd at Liz Radojewski's house?

A. Yes, it was, and I didn't know the exact number of the dig. level.

Q. Well, I'm going to get to that shortly, because - and I will come back to that aspect of the matter. Let me talk about the continuation of that first shift back. I am not going to go into it in exhaustive detail because



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I see it has been done before.

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In any event, seven deaths had occurred, the eighth death Gardner occurred on Wednesday on 4B. So do I take it even if it occurred after you went off shift on the 18th, you knew about it on Friday at 7 o'clock on March 20th?

A. Yes, I did.

Q. So you knew then that at that point we are up to eight deaths?

A. That is right.

Q. Within a period of, to my recollection, exactly two weeks.

A. I believe that is what you said.

Q. And we have talked earlier about the unexplained deaths, the increasing incidents of death and the rather alarming increase of deaths in two weeks. Were you getting kind of concerned about that as a team leader?

A. I would be concerned, yes.

Q. Similarly was Phyllis Trayner as the team leader getting concerned about it?

A. I believe she was, yes.

Q. Did you feel that it was part of your duties as team leader to see what was going



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on in those wards to cause that increase in deaths?

A. I am sorry, right at the beginning of that shift or -- ?

Q. No, ma'am, at any time up until the time two more deaths occurred? I'm talking about 7 o'clock on the evening of March 20th when your friend Susan Nelles comes back to work and the strain is there and you have had eight deaths in two weeks. Did you feel that under the circumstances there was some responsibility upon you as team leader to find out what was going on?

A. I wasn't present when those children died. Obviously there was people knew that these children died, it doesn't go unnoticed. Starting at 7:15 there were other patients who were alive that had to be looked after, there was no time for me to go and discuss this with anybody, there were children that had to be looked after first, that is my first responsibility.

Q. Who did you feel then on your shift and Phyllis Trayner's shift would be responsible for trying to prevent further deaths, if that was such an important criterion?

A. I'm sorry, what do you mean by prevent?



Bell, cr.ex.
(Percival)

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Q. Did you feel then that you would have to be on your watch, you would have to be alert to see what was going on, to make sure that at least on this shift coming up another child is not going to die?

A. I would certainly watch the children closely, but I would watch them anyway.

Q. Did you do that?

MS. KITELY: Mr. Commissioner, might the witness be allowed to answer.

MR. PERCIVAL: I am sorry, I apologize, Mr. Commissioner.

Q. Did you do that on that shift?

A. I watched the children closely as I have watched them.

Q. Was there only one monitor go off that night?

A. That was the night of Allana Miller?

Q. That's right. Was that the only monitor, the only monitor on Wards 4A and 4B that went off that night?

A. That went off consistently, yes.

Q. Was there any other monitor



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that went off?

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A. Possibly, yes.

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Q. Do you recall any?

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A. Not offhand of whose it was,

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no.

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Q. Ma'am, you were on 4B and

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from time to time you have given evidence that you
went into Allana Miller's room.

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A. That is correct.

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Q. And she was on 4A?

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A. That is correct.

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Q. And do I take it that that

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was the normal thing for you to do?

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A. Yes, it was.

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Q. Or because you were trying to

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see what was occurring on your ward, trying to find
out what was going on with these deaths?

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A. I would answer the alarm

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because the alarm would sound, and obviously it

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needed answering if it was sounding for a reason,

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so I would go down to check and make sure the child

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was okay. If not, if there was somebody to see,

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to see that somebody was in the room that was aware
of it.

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Q. Well then do I take it, and

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again I am not going over the same ground, but do I take it that when Allana Miller finally died, I think it is at 2 or 3 o'clock in the morning was it, you have given evidence? I'm sorry, 3:27.

A. Yes.

Q. That made it nine in two weeks; did that give you any greater concern?

A. A death had occurred, it would be of great concern, yes.

Q. Well, did you do anything about the concern?

A. I didn't go out and do anything, no.

Q. Did you discuss it with anyone?

A. We discussed her death.

Q. Who is we?

A. The nurses on the team.

Q. Whose team?

A. My team and Phyllis Trayner's team.

Q. Then do I take it that at some point in time between 3:27 when the death occurred of Allana Miller and up until the time you went off shift at 7 o'clock, there was a pretty lengthy discussion as to what happened to Allana



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Miller who was not expected to die?

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A. There was a discussion of her death, and there is a certain amount of grieving that goes on when these children die as well, and we have to deal with our feelings and to help each other to deal with these feelings.

Q. Well, ma'am, one of the things that I would be concerned about; do I take it that up until that moment in time, at least so far as your position was concerned, there may have been an increasing number of deaths on this ward over the course of nine months, and in the course of two weeks, all of which you felt were natural deaths?

A. I didn't say they were natural deaths. Obviously these children were in Hospital, it was not a natural state for them.

Q. But ma'am, caused by a non-deliberate act, or caused by non-negligence?

A. It was caused by a non-deliberate act, that is what I thought.

Q. How about non-negligence?

A. The same.

Q. What I am concerned myself with, do I take it that after Miller died you discussed the death with Nelles and Trayner?



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A. I believe we did.

Q. Your friends. Do I take it, are you still saying to the Commissioner that at that point the contemplation of a coroner's investigation and inquest was not discussed?

A. We had to deal with the issue at hand. The issue was that Allana Miller had just died, there was a process of distress during the resuscitation; there was the grief that we felt for her death; having to deal with the parents, that was all at hand. Also we have to think of the other children on the ward and continue to care for them. So we deal with things as best we can and continue to look after the children.

Q. What do you think a coroner's inquest does?

A. I believe it investigates the cause of death.

Q. Was that something that concerned you at that moment in time?

Were you not saying to Susan Nelles "I wonder why these are all happening?", did you say that to Phyllis Trayner?

A. No.

Q. Why are all these deaths



happening?

MS. KITELY: Mr. Commissioner,
Mr. Percival continues by putting three questions
at once and not getting an answer, if he could put
one question and give the witness an opportunity to
answer.

THE COMMISSIONER: Yes, all right.

MR. PERCIVAL: Q. Ma'am, may I
put it again to you. If a coroner's investigation
and a coroner's inquest is something to investigate,
did you discuss the investigation of these series
of deaths that evening after Allana Miller died,
with Phyllis Trayner?

A. No, I didn't.

Q. Did you discuss it with
Susan Nelles?

A. No, I didn't.

Q. And aside from grieving, and
I gather you had some stress the rest of that shift?

A. Yes.

Q. You knew at that particular
point that events had occurred, unexplained events
I gather from your standpoint?

A. Yes.

Q. An unexpected death?



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A . Yes, the death.

Q. And you went off shift at
7 o'clock on the Saturday morning of March the 25th?

A . Yes, I did.

Q. Did you have any communication
with Nurse Nelles and Nurse Trayner while you were
off shift from the 12 hours from 7 o'clock to 7 o'clock
Saturday night?

A . No, I didn't.

Q. You came on the shift at
7 o'clock and we are dealing then with the shift when
Baby Cook died?

A. Yes.

Q. At report, do I take it
there was no discussion about the death of Baby
Miller?

A. No, there wasn't.

Q. Was there any discussion at
report with respect to the previous death of Baby
Pacsai and the forthcoming coroner's inquest?

A. No, there wasn't.

Q. I think you have given
evidence already that at some point in time, about
tw hours after you commenced that shift, Dr. Costigan
came around and said: "ladies, if you haven't given



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out your digoxin, hold it"?

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A. That's correct.

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Q. And I believe you have given evidence that you asked him "Why was that?" and he said something about the strength being questioned?

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A. I believe so, yes.

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Q. By that time I understand your evidence is that you had already given your digoxin on 4B?

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A. I had given my, yes.

11

Q. And do I take it from what your evidence is Nurse Trayner the team leader in 4A had not and threw it down the sink?

13

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A. I believe so, yes.

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Q. At some time later then there was a flurry of phone calls, but in any event, close to midnight or some time later, you were told that you could give your digoxin, or Nurse Trayner could give her digoxin?

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A. I believe it was closer to 10 o'clock.

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Q. 10 o'clock?

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A. When Dr. Costigan brought back the digoxin bottles and said that we could go ahead and administer digoxin.

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Q. And then were you also told at that point that we are going to have to lock up the digoxin?

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A. Yes.

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Q. And the concern about the security for digoxin?

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A. He said to lock up the digoxin, yes.

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Q. That is a strange thing to occur on a cardiac ward, is it not?

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A. It has never happened before.

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Q. So do I take it that whether you had any concern about digoxin, at least certainly something - there was something communicated to you by Dr. Costigan's comments that digoxin may have something to do with what was going on on those wards, is that not true?

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A. I didn't connect the digoxin with the deaths.

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Q. You were with Phyllis Trayner when he communicated that to you; in other words, lock up the digoxin and you can give it but it has got to be given in a certain way, is that not correct?

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A. No. He just said to proceed to give out digoxin, he didn't proceed to tell us



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how to give it.

Q. Tell me, did you talk to Phyllis Trayner about it, sort of saying, why are they doing that with digoxin?

A. We had discussed it.

Q. How did you discuss it, what did you say and what did she say?

A. We had felt that they had taken the digoxin away to test the strength of the digoxin.

Q. Ma'am, I am talking about when he came back and said you can give it but I want it locked up, you discussed that with Nurse Trayner, I want to know what you said and what she said?

A. I can't tell you exactly, it was just the idea that they were locking up the digoxin and our questions as to why, and the fact that we didn't have any answers.

Q. And are you seriously suggesting to the Commissioner that you or Nurse Trayner never connected the fact that digoxin was being locked up with eight baby deaths in two weeks?

A. That's right.

Q. All right. Now, we come to



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the events involving Baby Cook, and then at some point
in time Baby Cook died at 4:56 a.m. on the early
Sunday morning, is that correct?

A. I believe so.

Q. And you observed at that point
Dr. Jedeikin taking a blood sample from this baby,
about 20 or 30 minutes after the baby died?

A. I don't know if it was that
long time after.



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Q Did you not regard that as the most unusual thing you have ever seen a doctor do on that ward?

A I had never seen it done before.

Q All right. Did you ask him why he was doing it?

A We had asked him.

Q Who asked him?

A I did.

Q What did he say?

A He was taking it on his way to the lab.

Q What did he tell you for what?

A No reason.

Q Ma'am, surely then involving eight, nine baby deaths at this point, the lock-up of digoxin and taking of a blood sample a half hour after a baby dies, are you seriously suggesting to the Commissioner that you didn't connect any of those?

A I'm sorry, I didn't.

Q Well then, we take it one step further. Dr. Jedeikin says after you are starting to clean up the room, hold it, girls, don't do anything with this room, leave the syringes where they are, secure the room. Didn't he say that to you?



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A. Yes, he did.

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Q. Right. How long was that after

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the baby died at 4:56?

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A. I can't give you an exact time

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but it would have had to have been shortly after

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because we started to clean up the room.

8

Q. Have you ever heard a doctor say

that before?

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A. Not to me, no.

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Q. All right. Again, the series of

11

things. Did that sort of finally start ringing a bell

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with you?

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A. No, it didn't.

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Q. Why would you want to keep the

room the way it was?

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A. I don't know.

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Q. Are you seriously suggesting you

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didn't discuss that with anybody, you and your nurses?

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A. We discussed it but we didn't

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come to any kind of a conclusion and we didn't have

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any answers.

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Q. Are you still saying to me at

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this point no one mentioned the forthcoming coroner's

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inquest involving Baby Pacsai?

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A. It wasn't mentioned to me, no.

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Q. I see. So, do I take it you
did leave the IV lines and the equipment in the room?

A. Yes, we did.

Q. There were four surviving babies
in there?

A. I can't tell you.

Q. Were they moved out?

A. I don't believe they were.

Q. Now, I gather Dr. Fowler arrived?

A. Some time, yes.

Q. Well, did you find that a rather
remarkable development after a baby died?

A. No.

Q. Did Dr. Fowler that month arrive
after Baby Miller died?

A. He could have been in the
Hospital.

Q. No, Ma'am, I'm talking about
your ward?

MS. KITELY: Excuse me, sir. Might the
witness be allowed to answer the question.

THE COMMISSIONER: Well, I think there
was a failure of communication because Mr. Percival
was asking, did he arrive at the ward - in the room,
and the answer was he may have been in the Hospital.



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MS. KITELY: Even if there is a failure of communication, out of politeness and courtesy the witness is entitled to answer before Mr. Percival can clear up the miscommunication.

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THE COMMISSIONER: I agree with what you say in principle but if the answer is not responsive to the question sometimes counsel forget. However, did Dr. Fowler arrive at Baby Miller's room the night before?

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THE WITNESS: No.

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MR. PERCIVAL: Q Had you ever seen, and I gather that particular month, what was his position, Dr. Fowler?

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A He was ward chief.

Q All right. Had you ever seen on any of the baby deaths in nine months the ward chief coming in at three or four in the morning and going into the room where a baby had died up to that moment in time?

A The ward chief would come up to the ward; whether he exactly went into the room. He would have to sometimes come in, deal with the parents or even talk to the cardiology fellow and discuss what had gone on.

Q Ma'am, did you ever see that



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occur prior to that morning?

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A. Yes, I had.

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Q. With what baby?

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A. I can't tell you specifically,
it occurred with a number of cardiologists a number of
times.

7

Q. Do I take it that Dr. Fowler when
he came in that night or that morning was calm and
cool and wanted to see what was going on?

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A. Dr. Fowler had come in in the
morning and I don't think coming in at that time in
response to a child dying, no, I don't think he was
calm.

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Q. Well, Ma'am, that was at 5 o'clock
in the morning and we have heard other evidence, you
knew that, did you not?

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A. Yes, I did.

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Q. Well, did you have any

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communication with him?

19

A. Not directly, no.

20

Q. Did you see what he did?

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A. He was with Dr. Jedeikin.

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Q. Well, do I take it that at this

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particular point by my calculation we are up to nine
or ten baby deaths from the sixth right through to the

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FF.6

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22nd, that you and your nursing team and
Phyllis Trayner and Susan Nelles were getting a little
bit more concerned?

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A. Concern was definitely there.

(2)

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Q. I gather you weren't happy about
it?

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A. Of course not.

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Q. You weren't calm about it?

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A. We were very upset.

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Q. You were all upset?

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A. Yes.

12

Q. All right. Now, ma'am, are you

13

suggesting that all those events that we have
chronicled that you didn't think something unusual
had occurred and was occurring in those wards for
the past nine months?

16

A. Their concern had obviously
been there was something going on but as to what I
was connecting it to, I didn't connect it.

18

19

Q. Well, what did you think was
going on?

20

A. I didn't know.

21

Q. Well, you see, you didn't know
but did you make any inquiries? Were you searching
for what was going on, the truth?

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FF.7

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A. I had asked why the sample was taken, no answer. I wasn't getting answers, so, how can I deal with that if I don't have any answers to deal with?

6

Q. There is a room across from 418 where Baby Cook died, what is it called?

7

8

A. There are two rooms, I'm sorry?

9

Q. What is 419 called?

10

A. The Soiled Utility.

11

Q. Yes, Soiled Utility Room. Is

12

that room from time to time used when people are coming on shift and going off shift for a meeting place?

13

A. The Soiled Utility Room?

14

Q. Yes, ma'am.

15

A. No.

16

Q. Well, ma'am, on that morning at

17

7 o'clock in the morning, were you present with Liz

18

Radojewski, Phyllis Trayner, Susan Nelles, Marie

19

Mandal, Meredith Frise, Sui Scott, Miss Brownless at

20

a time when some were coming on shift and some were going off shift meeting in that room?

21

A. I wasn't present in there, no.

22

Q. Did you hear what happened in

23

that room?

24

A. No, I didn't.

25

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FF.8

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Q. Did you hear about a discussion involving 'Six out of seven ain't bad'. Did you hear that?

5

6

A. I don't know if it was in that room, it was in another room.

7

8

9

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Q. You must have heard about it then?

A. I heard it because I had passed by.

11

12

13

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Q. All right. So, do I take it you were passing by the room and you heard a nurse say, 'Six out of seven ain't bad'?

A. I did.

15

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Q. Yes. And you took that to mean six out of seven - six babies in seven nights ain't a bad record, didn't you?

A. I took it as a nurse who was very frustrated with the whole situation.

Q. Do you know which nurse that was?

A. Yes, I do.

Q. Did you see the nurse say it?

A. I did.

Q. Well then, do I take it you were doing just more than passing by the room?

A. I wasn't passing by the room, I was passing by the two that were discussing it.

Q. Well, you say there was only



FF.9

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two there, there weren't the six or seven that are
alleged to have been there when this comment was made
by that nurse?

5

A. I don't recall more than the two

6

of them being there.

7

Q. Who was there?

8

A. Susan Nelles and Marie Mandal.

9

Q. Was Liz Radojewski there?

10

A. I don't believe she was, no.

11

Q. Well, when you heard that did

you say oh, Susan, you are frustrated?

12

A. I knew she was frustrated, I had

13

worked with her that night.

14

Q. But ma'am, did you react to that

15

discussion or that comment in any way, shape or form
aside from saying, oh, I assume she is just frustrated?

16

A. I felt that I knew how she felt.

17

No, I didn't discuss it with her, no.

18

Q. All right. So, you did nothing,

19

you kept walking?

20

A. That's right.

21

Q. All right. Now, ma'am, at that

22

particular point another baby death had occurred and
you went home I gather 7 o'clock on Sunday morning?

23

A. I did.

24

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FF.10

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Q. And I think you have given evidence that at some point in time you woke up and were you wakened up by a telephone call from Phyllis Trayner at about 5 or 6 o'clock telling you that she wasn't coming in that shift and wondering whether you were not coming in?

A. I had spoken to her, yes.

Q. No, no, ma'am, I just want to know whether you had been wakened up. Did that phone call come from her or did it go from you to her?

A. She called my house but I'm not the only one that lives in the house, somebody else answered the phone.

Q. Were you asleep when that occurred.

A. I believe I was awake.

Q. All right. Had you from the time that comment had been made by Susan Nelles at about 7 o'clock through to the phone call at about 5 or 6 o'clock from Nurse Trayner, had any discussion with Susan Nelles or Phyllis Trayner?

A. No, I hadn't.

Q. So, do I take it you have told us all of the things that you knew had occurred except the fact as you say you didn't know about the forth-



FF.11

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coming coroner's inquest and you didn't know about the
high digoxin level in Baby Pacsai?

3

4

A. That's right.

5

6

Q. All right. Now, ma'am, when she
phoned, as I understand your evidence, you say she
said to you 'We've been told to take the next shift
off because of the stress'?

7

8

A. That's right.

9

10

Q. Is that all she said?

11

12

13

14

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A. She had asked if I had been
advised the same way or if I knew of anybody else in
my team who had been advised to do the same thing.
She had discussed it a bit with Mrs. Radojewski and
Mrs. Radojewski just told her the reason was because
of the high stress but she was frustrated with her
answer.

16

17

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Q. All right. Do I take it, I
suggest to you that you probably talked about the
events the previous night when Baby Cook died and the
rather unusual series of events involving the digoxin
being locked up, Baby Cook dying, Dr. Fowler coming
in at 5 o'clock, Dr. Jedeikin taking a post-death
blood sample. Did you talk about that in the telephone
conversation?

23

24

25

A. We hadn't gone into any details



FF.12

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because I had to be back at work that night.

3

Q Ma'am, I just want to know

4

whether you talked about it? Did you talk -- don't

5

talk about details. Did you start to rehash last

6

night?

7

A No, I didn't.

8

Q Did you talk about anything else in

9

that telephone call?

10

A I had said that if I had found

11

out any answers that I would let her know and she had

12

said that she would call me later on the ward.

13

Q All right. Well, I am going to

14

get to that. Now, do I take it then that you went

15

in then that evening at 7 o'clock?

16

A Yes, 7:15.

17

Q And did you from 7 o'clock that

18

evening through to 7 o'clock the next morning, have

19

any further communication either with Susan Nelles

20

or Phyllis Trayner?

(3)

21

A I had spoken to Phyllis Trayner.

22

Q Can we just deal with one at a

23

time. Did you speak to Susan Nelles again by phone?

24

A No, I just spoke to Phyllis.

25

Q All right. So, do I take it by

7 o'clock the next morning you had not talked by



FF.13

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telephone to Susan Nelles?

3

A. That's right.

4

Q. Did you phone her from the ward

5

then on the evening of Sunday, March 22nd?

6

A. I'm sorry, phone who?

7

Q. Phyllis Trayner?

8

A. She had called the ward.

9

Q. All right. So, she had called

again to the ward?

10

A. Yes, she had.

11

Q. How long did that telephone

12

conversation take place?

13

A. How long was the conversation?

14

Q. Yes.

15

A. A couple of minutes.

16

Q. When in point of fact did that

occur?

17

A. I'm sorry, I can't pinpoint a

18

time.

19

Q. Well, ma'am, was it after you

20

started the shift?

21

A. Yes, definitely.

22

Q. All right. And after you started

23

the shift you well knew that even stranger things
were happening on that ward, isn't that right?

24

25



FF.14

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A. That's right.

3

Q. You had nursing supervisors

4

coming in and watching the medication?

5

A. That's right.

6

Q. All right. You had digoxin levels

7

being taken on every baby in Wards 4A and 4B?

8

A. That's correct.

9

Q. All right. You had an apparent

10

transfer barrier from any other ward into 4A/4B being
implemented that evening?

11

A. We were transferring children

12

off the ward.

13

Q. Yes. Had that ever happened

14

before?

15

A. No.

16

Q. No. Did that trigger something

17

in your mind about the connection between digoxin and
baby deaths and ten baby deaths in two weeks?

18

A. No, it hadn't.

19

Q. I see. Was that the only drug

20

they were doing it with; in other words, the only

21

drug that had apparently been changed from a non-

22

narcotic type drug to a narcotic type drug and having
to be under lock and key?

23

A. That's correct.

24

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FF.15

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Q. Are you seriously suggesting to the Commissioner that at that point you still didn't make the assimilation?

A. That's correct.

Q. All right. Well, when Nurse Trayner picked up the phone and phoned the ward did you tell her all these things?

A. I had told her what was happening, we were transferring patients off the ward, we weren't taking any admissions, that there were supervisors at our side, yes, but I didn't know why.

Q. Did you tell her what's going on, I don't understand this, they are taking dig. levels on every baby, not just the ones that were on digoxin but on every baby, did you tell her that?

A. I could have, I don't know.

Q. All right. Were you concerned about your rights as a nurse? Did you feel threatened?

A. I'm sorry, I don't know what you mean by threatened?

Q. Well, did you feel threatened? Did you feel threatened that your rights as a nurse, the fact that your integrity is being impugned by all of these rigorous safeguards apparently implemented by this Hospital on that evening?



FF.16

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A. I felt what I wanted was an answer as to why these things were occurring, why they didn't allow me to carry the keys, why one day I am allowed to carry the keys and I guess if you say that is impugning on my integrity.

Q. Tell me, you looked for answers. Did you ask anybody in the course of twelve hours?

A. I had asked the supervisors that were attending to us, yes.

Q. Who was that?

A. I'm sorry, I don't know. One of the supervisors was - I'm sorry, I can't think of her name right now.

Q. What was her response, whoever it was?

A. She said that she was doing it for our own good and not to consider it further.



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GG
EMTrc

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Q. So is that the only question you put to the only person in the course of twelve hours about all these rather unusual events occurring on this ward at that point?

A. I had asked another supervisor the same question. She did not know the answer. She said I really don't know.

Q. Well, when she said it is for your own good, was it because of the fact -- did she elaborate on that by saying, "Well, if another baby death happens it is not your fault if we are checking"?

A. She did not elaborate. I asked her why are they doing this again. She said it is for your own good, and that was that.

Q. What did you think that meant?

A. I had no idea what it meant. She wouldn't elaborate on it so how could I possibly?

Q. Ma'am, I don't know, but did you not press her?

A. I asked her a number of times and she replied to me again, "It is for your own good."

Q. Well then, having got that answer did you then talk to your nursing team about



Bell
cr.ex. (Percival)

GG2

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what was going on?

3

A. We had discussed it obviously.

4

Q. How did you discuss it? What

5

did you say to your nursing team, the ones that were
under you at that point?

6

7

A. We had said why is this
happening? Basically it was all questions. We
had no answers.

8

9

Q. Did Liz Radojewski come in

10

that evening?

11

A. I didn't see her that

12

evening, no.

13

Q. Did you speak to her in that

14

twelve-hour period?

15

A. Not on the 22nd, no.

16

Q. Well, Ma'am, at some point in

17

time a meeting was going to be convened. When did

18

you find out about the meeting to be held the

following evening at Liz Radojewski's house?

19

A. I don't believe it was until

20

some time on Monday and I don't know if somebody

21

had called me from the Hospital or --

22

Q. Your evidence earlier in these

proceedings, it was Mary Costello.

23

A. It was either Mary Costello or --

24

25



1
GG3 2 I am not really sure.

3 MR. PERCIVAL: May this be a con-
4 venient time? I am going to be getting into that
5 meeting and I don't want to be half-way through it,
6 Mr. Commissioner.

7 THE COMMISSIONER: All right. Could
8 you give us some indication how long you will be?

9 MR. PERCIVAL: About an hour and a
10 half.

11 THE COMMISSIONER: Mr. Roland will be
12 short.

13 Mr. Ortved, will you be short?

14 MR. ORTVED: I will be short.

15 THE COMMISSIONER: I wonder -- I am
16 just wondering about tomorrow if 9:30 mightn't
17 be a --

18 MR. PERCIVAL: Fine.

19 THE COMMISSIONER: -- because I would
20 like to be able to finish.

21 Mr. Knazan, do you intend to be
22 lengthy?

23 MR. KNAZAN: No.

24 THE COMMISSIONER: What about the
25 parents?

MR. LABOW: I might be half an hour.

THE



G4

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THE COMMISSIONER: Mr. Tobias?

3

4

MR. TOBIAS: I would think about
fifteen or twenty minutes.

5

6

THE COMMISSIONER: Mr. Rosenberg,
will you be your usual lengthy examination? And
Mr. Shanahan?

7

8

9

MR. SHANAHAN: I won't be very long,
sir, and I would be asking tomorrow if I may go on
in the morning. I will be here at 9:30.

10

11

12

THE COMMISSIONER: Well, I wonder --
what do you think if we started at 9:30 with Mr.
Shanahan then?

13

14

Does that disturb you if we inter-
rupted your cross-examination?

15

16

MR. SHANAHAN: Well, sir, my commit-
ment is at two.

17

18

THE COMMISSIONER: Then all right.

MR. SHANAHAN: So I could be here at
9:30 straight through.

19

20

THE COMMISSIONER: All right. There
is no problem. You will be an hour and a half?

21

22

MR. PERCIVAL: Yes.

23

24

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THE COMMISSIONER: Then as long as
we can get Mr. Shanahan in before the end. I think
9:30 unless somebody can add up better than I can.



Bell
cr.ex. (Percival)

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Miss Cronk tried that the last time. But I think
we will make it 9:30 tomorrow morning.

3

4

Is that all right with you, Miss Bell?
We can't do much if you don't turn up.

5

6

THE WITNESS: No, I'll be here.

7

8

MR. TOBIAS: Just so that your cal-
culations don't go askew, remember that Mr. Shinehoft
will be here tomorrow as well.

9

10

11

THE COMMISSIONER: Well, he told me
on the elevator he wasn't going to come at all, but
he is coming, is he?

12

13

MR. TOBIAS: He speaks to you more
than he speaks to me, Mr. Commissioner.

14

15

THE COMMISSIONER: Well, all right.
We will find it out which it is tomorrow.

16

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--- whereupon the hearing was adjourned at 4:25 p.m.
until Thursday, the 9th day of February 1984,
at 9:30 a.m.

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